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ROYAL COMMISSION ON MATTERS OF HEALTH  
AND SAFETY ARISING FROM THE USE OF  
ASBESTOS IN ONTARIO

Vol: 1 - Monday, February 16, 1981





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ROYAL COMMISSION ON MATTERS OF HEALTH AND SAFETY  
ARISING FROM THE USE OF ASBESTOS IN ONTARIO

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Ontario Room  
McDonald Block  
900 Bay Street  
Toronto, Ontario  
Monday,  
February 16, 1981  
Volume I



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ROYAL COMMISSION ON MATTERS OF HEALTH AND SAFETY

ARISING FROM THE USE OF ASBESTOS IN ONTARIO

VOLUME I

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Ontario Room  
McDonald Block  
Toronto, Ontario  
Monday,  
February 16, 1981





Ontario Room  
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February 16, 1981  
10:00 a.m.

APPEARANCES AS HERETOFORE NOTED

DR. DUPRE: Good morning. By my watch it is one minute past ten, and I will call the meeting to order so that we can at least start this marathon week of phase-one hearings with punctuality.

This week we sit Monday through Thursday, in this room, from ten o'clock in the morning until nine o'clock in the evening. On Friday, we shall begin in the morning, but finish probably around mid-afternoon.

This phase of our hearings is devoted to all of the...and I wish to say devoted parties...who have voluntarily and at considerable cost to themselves in time and effort, made written submissions which my colleagues and I, simply from the reading, have, I can assure you, found very, very helpful indeed.

The objective of this week, of course, is, as I stated last October, to let it all hang out, so to speak, in an atmosphere of informal dialogue between the commissioners and those who are making presentations.

So I wish to, of course, stress the informality of the dialogue which the Commission wishes to engage in with you. We do not necessarily expect you to have answers to many of the number of questions that we are going to be posing. To the extent that we are posing questions, we are as much doing so to convey to you some of the things that are on our mind, as





5 DR. DUPRE: (cont'd.) distinct from asking for any specific kinds of information...information which, of course, some of the presenters may, in due course, be either willing or able to provide when they have the time.

May I then greet our opening presenters this morning, the delegation from the Ontario Federation of Labour, which is led by Mr. Terry Meagher, the secretary-treasurer. Welcome, Mr. Meagher. We are in your hands.

10 MR. MEAGHER: Well, thank you, Mr. Chairman, and members of the Commission. First of all I would like to express the appreciation of the Federation for the opportunity to be here this morning, and to further thank you for the informal manner in which you wish to proceed.

15 Just very briefly, the Ontario Federation of Labour has a membership of approximately eight hundred thousand in the Province of Ontario, made up of those that are eligible for affiliation with Canadian Labour Congress, so that takes in people in many occupations and walks of life.

20 The subject before us this morning, and possibly in a broader sense the whole field of occupational health and safety, has been a concern of longstanding with the Federation, and I believe an indication of that is the joint venture that we have entered into with the provincial government in the training of safety representatives around the province. I would like to leave with the Commission three copies of the manual that we use in those classes. I think that you will find that it's a very good course outline in that the people walk away from those schools with a tremendous understanding of the kind of problems that confront people in the workplace.

25  
30 The Health and Safety Director of the Ontario Federation of Labour, Mr. Ed Waddell, is with us and I would ask Mr. Waddell, with your permission, to outline a few matters that





MR. MEAGHER: (cont'd.) we would like to leave with the Commission.

DR. DUPRE: If you please, Mr. Waddell.

MR. WADDELL: Mr. Chairman, members of the Commission, as Terry has said, I am the Director of Occupational Health and Safety and as such I work very closely with one of the standing committees of the Federation, and that is the Occupational Health and Safety Committee.

Members of that committee, along with others, did have a considerable amount of input into our position that we will be presenting here today. We did go through a consultive process, if you will, so where we are presenting this brief we are doing it, of course, with the knowledge and with the input from a number of our affiliates.

At this point I would like to introduce a few people who are with us this morning who had a considerable amount to do with this brief. I would first introduce Paul Folkowski, on my left here. Paul is the representative of the United Steel Workers of America, very much involved in occupational health.

Ed Hunt, of the United Electrical Workers, as well.

John Donaldson, of the Iron Workers, who had a considerable amount of input. He is at the back of the hall.

Bob Stewart, who is the secretary-treasurer of the Energy and Chemical Workers Union, who also had a considerable amount of input.

Now, there are are others, but I guess they got caught on the Gardiner Expressway or something, and they haven't made it.

So with that, sir, I would like to now turn it over to Linda Jolley, who will be presenting our position.





DR. DUPRE: Thank you, Miss Jolley. You are very welcome here this morning.

MISS JOLLEY: The Ontario Federation of Labour represents more than eight hundred thousand working people in the Province of Ontario. Many of these people come into daily contact with asbestos directly in their jobs they perform, or in the buildings, offices or classrooms where they work. Their children attend the schools where asbestos has been found, and they often live within close proximity to the plants where they work, so their exposure extends beyond the plant gate into their homes and their recreational activities.

It is these working people who are the victims of a society that has failed to manage industrial growth, a society that has been preoccupied with profits and not with people.

Our members are often the losers in a major dice game that we call our regulatory system in Ontario, and it is our members too, and working people generally, who are the tragic human background to an inquiry such as this.

We cannot say that we welcome this Royal Commission, for we see it only as a profound failure on the part of the present Conservative government to deal properly with an important political issue by shifting it to an independent inquiry that can diffuse public controversy by a lengthy and technical assessment of all of the issues surrounding the present, past and future use of asbestos in this province.

The government assured us that the Commission would not delay the promulgation of workplace standards, and yet here we are on February 16, 1981, two years and seven months after the first proposals were released, and we still have no workplace regulations concerning the use of asbestos in Ontario.

There is already more than enough scientific, technical and economic information available to the government and to this Commission to make the necessary political decision.



5 MISS JOLLEY: (cont'd.) Nothing will be said before this Commission, except for the individual examples of failure, that has not been thoroughly reviewed by the International Agency for Research on Cancer, the European Economic Community, the British Advisory Committee on Asbestos, and the NIOSH-OSHA study in the U.S.

10 What concerns us most about this Commission is that it might turn what is essentially a social, political and humanitarian decision into the world of scientific and technical debate where it becomes a battle of who can pay for the most science, and the workers and their families who are affected most directly will always lose.

15 Of equal concern is the fact that while this Commission deliberates over the use and misuse of asbestos, there are literally thousands of other toxic or carcinogenic substances that are used in our workplaces, and hence make their way into the environment, that are being ignored.

20 Will we have to keep counting the bodies to present before future Royal Commissions set up to deal with each substance, or are we finally going to develop a policy of proper pretesting of every substance before it enters the workplace, and a thorough review of current research and proper testing of those already in use.

25 The assumption that all chemicals are guilty or hazardous is essential to guarantee that a disaster like that surrounding the use of asbestos is not repeated in the future, and that humane and just compensation be provided to the victims of our past neglect.

30 The brief that the Ontario Federation of Labour submitted to the Royal Commission was quite lengthy since we did wish to address most of the questions posed by the Commission. However, we do not wish that our participation in the medical,





MISS JOLLEY: (cont'd.) scientific and technical debate be misinterpreted. The question before this Commission is a moral question. It deals essentially with how our society values human life and health, and because it is our health and our lives that are at stake, we intend to fight with all of the resources that we can muster.

We intend to review briefly, very briefly, to the relief of the Commissioners, I'm sure, the main points for this public presentation, assured that the Commissioners have read our entire submission.

We intend to call expert witnesses to speak directly to many of the scientific issues raised in our submission, and some of the questions you may pose will have to wait until that time.

Our main objective in participating in this Commission, and any public forum dealing with the health and safety of our workers and the general public, is to ensure the basic human right for any person in this province, this country, and in the world, to a workplace and an environment that is safe and healthy. For without that, we will have no future economic development or industrial growth.

There has never been a substance used in society about which so much human epidemiological research has been carried out and so much is known, and yet we still hear industry, government and scientists demand more research.

There has never been a substance that has caused so many needless deaths, and yet we are still debating its health affects.

It is clear to us who are its victims that asbestos is a potent human carcinogen. We agree with the 1978 U.S. government warning that more than two million asbestos workers may die by the turn of the century and beyond, and we are convinced that the estimate that between twenty and forty





MISS JOLLEY: (cont'd.) percent of all cancer is related to workplace exposures probably understates the problem.

5 In Canada, with roughly one-tenth the population and the same shipbuilding and manufacturing, and even more mining and milling operations, this could mean that more than two hundred thousand Canadians could die over the next twenty or more years.

Each year more than ten thousand Canadian workers may die from cancer created by exposures in their workplace.

10 If this kind of slaughter was occurring anywhere else but in the workplace, there would be a national uprising. But these deaths go largely ignored. The victims of asbestos disease don't die all at once on the streets or on the battlefield, they die one at a time. They are no longer in the workplace, they no longer attend union meetings, and they cannot come to testify  
15 here. They are hidden away in back bedrooms or hospital rooms to die unnoticed by the general public, and the real tragedy of all of this is that it is so unnecessary.

The evidence implicating asbestos with excess mortality and morbidity has been growing for more than eighty  
20 years. It is ironic that one of the first recorded deaths was one of the founders of the modern asbestos industry. Henry Ward Johns, of Johns-Manville, died eighty-three years ago this month from dust disease of the lungs with pneumonia as the immediate cause of death. It is probably fair to say that few management victims have been reported since then.

25 The first autopsy performed on an asbestosis victim was carried out in 1899, and reported to a parliamentary committee in Britain in 1906. By 1918, enough was known about the increased mortality among asbestos workers that insurance companies here and in the U.S. were denying life insurance to  
30 them. By the thirties, both Britain and the U.S. had launched surveys on the health effects of asbestos workers in textile



MISS JOLLEY: (cont'd.) mills which resulted in asbestos process regulations in the British textile mills, and a tentative standard of five million particles per cubic feet in the U.S.

In the 1930's, too, many state jurisdictions recognized asbestosis as a compensable disease and the companies were settling cases out of court to avoid public attention and more pressures for compensation.

By 1935, the relationship between asbestos and lung cancer was reported, and the 1940's brought reports of pleural and peritoneal tumors related to asbestos.

All of these relationships were confirmed again in the 1950's and 1960's, and gastro-intestinal cancer, cancer of the larynx, pharynx, buccal cavity, esophagus, kidney and lymph glands have been added to the ever-increasing list of sites that are attacked by asbestos fibres.

As each decade passed with increasing evidence of the deadly effects of asbestos, the uses of asbestos grew by leaps and bounds until we have asbestos used in more than three thousand commercial products, and asbestos is everywhere.

In Ontario, there have been two hundred and sixteen cases of asbestosis, forty-six cases of lung cancer, thirty-five cases of mesothelioma, seven cases of gastro-intestinal cancer, and three cases of laryngeal cancer recognized by the Workmen's Compensation Board between 1960 and April, 1980. These figures probably vastly underestimate the true magnitude of the disease caused by asbestos, since many victims are denied compensation based on stringent and sometimes unfounded criteria established by the Board, or because neither the worker nor his or her physician recognizes the connection between the present cancer and exposures that occurred more than twenty years ago.

We do not accept the argument that it is the amphiboles or the dirty blue or brown asbestos fibres that are





MISS JOLLEY: (cont'd.) the real hazard, and that the clean white fibres are relatively safe by comparison. There is human and animal data that demonstrates that all asbestos fibre types cause cancer, and that chrysotile asbestos does indeed cause mesothelioma.

It may be true that chrysotile causes pleural mesothelioma while crocidolite is related to peritoneal mesothelioma, but that matters little to the victim or his family since the outcome is invariably fatal.

Bans on blue asbestos may be a tactical move on the part of governments afraid to challenge the major interests of the industry, since less than five percent of the asbestos used is crocidolite. It does not, however, remove the hazard.

If all asbestos fibres cause cancer, is there a safe threshold? All of the reports conclude that there is no safe threshold that can be determined below which clinical health effects will not occur. It is accepted that the higher the dose, the more disease that will develop. However, studies of household contacts and community exposures have shown that minimal exposure can cause disease and death.

Industry has argued that it is impossible to extrapolate from the present data to show that there is no safe threshold, and that low exposures will not create the disease that we have seen from the bad old days. They also indicate that low level exposures will mean longer latency periods so that the cancer will develop long after the worker has died from other causes.

If management wishes to donate themselves to experiments in low-level exposures, we would be glad to count the bodies twenty or more years from now to see if they were right. But workers will no longer play the guinea pigs in massive human experiments like those that have been conducted in the past.





MISS JOLLEY: (cont'd.) There is reason to believe that children may be more susceptible to all carcinogens, from animal experiments. Of concern as well is what William Nicholson refers to as the residency time of the fibres in children. Asbestos fibres that enter a child's lung will remain within the body for a longer lifetime than in an adult, which means that the disease will occur at a much younger age, and that if low exposures mean longer latency periods, these children will not be spared asbestos disease by death from other causes.

We do agree that smoking does cause lung cancer, but there is increasing evidence that shows that lifestyle has been overemphasized in studies and that occupational factors have been understated. It is part of the blame-the-victim approach that both industry and government accept to avoid responsibility and deflect attention from the workplace.

Hammond and Selikoff's most recent report on twelve thousand insulation workers showed that non-smoking asbestos workers have a five times increase in lung cancer compared to non-smoking non-asbestos workers in the control population, and that smoking asbestos workers have a fivefold increase in lung cancer compared to the smoking non-asbestos workers.

The NIOSH-OSHA group concluded that, quote, "Therefore, the probability that their lung cancer was due to asbestos exposure is about eighty percent in both smokers and non-smokers". End of quote.

Similar findings were reported by Enterline. We accept that there is a synergistic or multiplicative relationship between asbestos and smoking, but we insist that asbestos alone does indeed cause lung cancer and that there is no relationship between smoking and mesothelioma or gastrointestinal cancer.



MISS JOLLEY: (cont'd.) We will continue to encourage our workers not to smoke, but we will not accept smoking cessation programs as a tradeoff for clean workplaces. We will only take such programs seriously when the removal of asbestos and other lung carcinogens are in effect.

Since it is accepted that all asbestos causes cancer, and there is no safe threshold level below which there will not be some disease, we must deal with the concept of acceptable risk and the question then becomes 'acceptable to whom'? To management, to government, to workers, or to parents of children in schools where asbestos has been found?

Clearly the last group found any risk unacceptable or we would not have this Royal Commission.

Management denies that there is any risk connected with exposures as high as twenty fibres per c.c., and therefore the present guideline of two fibres per cubic centimeter provides more than adequate protection for workers' health. They deny that there is any public health risk and blame most of the disease on smoking.

In examinations-for-discovery in third party liability suits in the U.S. and in numerous subcommittee hearings, the asbestos industry has been found to have funded and manipulated research findings to indicate minimal or no risk from their product; they have refused to label their products for fear of reducing sales, and they have denied information and medical records to workers.

The industry's defence as well has been, well, we never promised you a rose garden. There is nothing in any legislation either here or in the U.S. that declares that a workplace must be risk free, and they quote extensively from the recent benzene decision in the U.S. to support this claim.

They have attempted to deflect attention from asbestos by blaming smoking, the genetic susceptibility of





MISS JOLLEY: (cont'd.) workers, trace metal contamination, the polyethylene bags that the asbestos is packed in, and other substances in the manufacturing process...anything but their product...while at the same time they were purchasing hundreds of millions of dollars in liability insurance.

With the support of every major independent report on the health effects of asbestos agreeing that there is no safe threshold, and the clear evidence that the industry has made a conscious effort to downplay risks and to suppress information in the past, we will not now turn around and accept the findings of yet another study funded by the Quebec Asbestos Mining Association and carried out by a researcher who has in the past been shown to have conveniently ignored latency periods to show minimal disease and death.

The government's own background paper states that there is no safe threshold, but then they go on to propose a one fibre per c.c. standard for chrysotile asbestos, point five fibres per c.c. for amosite and point two fibres for crocidolite. They have clearly made a determination that some risk is acceptable, but there are no papers or open discussions so that workers who must assume that risk know exactly on what basis it was determined to be acceptable.

The government has not acted as an independent third party in any asbestos controversy in this province. They have consistently rushed to the companies' defence, even when there were clear violations of their own guidelines and directives. They have also continually minimized the risks to workers and have participated in blaming the victims for their disease because they smoked or ate in the workplace.

They, too, deny any public health hazard from asbestos, and yet have launched a major program to deal with asbestos in the schools in this province. This kind of inconsistency between public statements and actions, or between



MISS JOLLEY: (cont'd.) information on data sheets and lack of enforcement, does little to reassure either the workers or the public that their health is being protected.

5 Are any risks acceptable to workers? As the third participant in the risk triangle, it is almost impossible for workers to make any reasonable assessment of acceptability. They are denied information by both the creators of the risk and the so-called regulators of the risk. They have been denied access to the regulatory process in the past, and the present process of accumulating written submissions on proposed standards for deliberation within the Standards and Programs Branch of the Ministry of Labour does not provide the open public access that the labour movement has requested in their submissions so that everyone is quite clear where each participant stands and on exactly how the decision was made.

15 Workers are never asked if risks are acceptable to them. The question is always posed in the form of a threat: Your jobs or your health. They know that there will be no government assistance to find another job, or even adequate severance pay if their jobs go down, and yet with the education programs provided within the trade union movement, and attention from the media, workers are increasingly refusing to give in to this threat.

20 The economic reality is that throughout the western world asbestos is being phased out, with Europe in the forefront. In Ontario, the dislocation is already occurring. Matachewan is closed, Johns-Manville Transit Pipe operation is closed, Bendix Automotive is closed, and Raybestos-Manhattan have indicated that they intend to get out of asbestos in their 1977 shareholders report.

25 The cost factors that supposedly mitigate against the use of some safe substitutes will ease given that the price of asbestos is bound to increase based on the settlements





MISS JOLLEY: (contd.) that have been given in the liability suits in the U.S., and the significant increase in the number of those suits brought against the asbestos companies.

The Commission must ultimately answer the question and live with the consequences, "is any particular degree of risk acceptable to you".

A review by the Ministry of Labour has found that tens of thousands of Ontario workers are exposed to asbestos directly in their jobs, and hundreds of thousands of workers are exposed incidentally to asbestos in the buildings where they work. Workers as diverse as furnace repairmen, toll booth operators, and librarians have been shown to have heavy exposures on their jobs, and yet few, if any, of them were ever told of their exposures or of the potential hazard. Any number of examples can be told to show that as late as the middle 1970's workers in this province were being exposed to unconscionably high levels of asbestos. At the Reeves Mine near Timmins, owned by Johns-Manville, months and years went by with average fibre counts of five point eight, six point nine, seven point eight, eight point five, nine point two, and a final average of fourteen point seven in November of 1974. Individual high readings were twenty-seven point five fibres, forty-six fibres, fifty-one fibres per c.c., sixty-eight fibres, and a final reading of two hundred and twenty-five fibres per c.c.

Shortly after the Reeves Mine closed, Matachewan opened and a Ministry of Health report stated, quote, "The coveralls and faces of several workers were found to be totally covered with asbestos fibres. Many of them were found to be working in a dusty atmosphere without any respiratory equipment. In conclusion I must admit that I have not seen any asbestos manufacturing and using industry having such poor working conditions from a



MISS JOLLEY: (cont'd.) health point of view as the abovementioned company at the present has".

5 The workers at Matachewan never saw that report until it was sent to them by Stephen Lewis, then leader of the NDP, when he received it anonymously almost five months later. No ministry inspector had returned to Matachewan to take air samples until the report hit the press. Levels of six fibres, twelve fibres and forty-three fibres per cubic centimeter were reported before the government finally closed the operation down for cleanup.

10 At Johns-Manville in Scarborough, levels were lower, but many were still in violation of the ministry's guidelines.

15 The bad old days before the 1960's, that are described by industry, were very much in evidence in this province less than six years ago. Both the industry and the government agencies responsible have shown a callous disregard for the life of workers in this province that we feel verges on criminality. No ordinary citizen would be allowed to expose to another to excessive levels of a known poison while the police looked on. It is clearly time that we took a careful look at criminal law in this country to ensure workers' protection.

20 Ah, but things are different now, now that we have Bill 70, or the Occupational Health and Safety Act of 1978. Ask the steel workers how different things are at Royal Industries, the auto workers about conditions at Bendix before it closed, the energy and chemical workers about the conditions during cleanup after the transit pipe operation closed down, and the CUPE members who work for the Windsor Board of Education.

25 Agreed that the levels are not as high as in the early 1970's, but what still surround every controversy over asbestos is the denial of risk, the suppression of





MISS JOLLEY: (cont'd.) information and the lack of will among ministry officials to enforce their guidelines, or even set workplace standards.

5 We believe that there are safe substitutes available for many of the uses of asbestos. However, we are not prepared to accept untested materials as alternatives only to find out that they, too, are carcinogens. We feel that there is increasing evidence that fibreglass, which closely imitates asbestos fibres, is a potential carcinogen and should not be  
10 used as a replacement until it is proved to be safe.

We in the labour movement have a great faith in Canadian research and development. If the government makes it quite clear that we want safe substitutes by a program of mandatory substitution and incentives for development, we could be in the forefront of that technology.

15 Because we believe there is no safe threshold for asbestos, we also believe that exposures in public buildings are a risk. It is both discouraging and infuriating that so little attention was paid to the sacrifice of asbestos workers to show the health hazards at the very time that builders launched into a program of spraying asbestos on steel beams  
20 during the 1950's, 1960's and early 70's.

The only appropriate action that should be followed is the complete removal of asbestos from buildings. Enclosure and encapsulation do not ultimately remove the problem. It will arise again when either is damaged or worn. Removal is,  
25 of course, the most expensive course of action. But the maintenance that will have to be provided for the other courses of action, and the final removal at the time of demolition, will probably increase those lower costs significantly.

30 We have described what we in the labour movement believe is a safer way to remove asbestos, and recommend that those steps also be followed during renovations and demolition.



MISS JOLLEY: (cont'd.) There is a great deal of controversy over the measurement of asbestos fibres in the workplace and in the environment. Industry states that it is impossible to accurately measure levels below two fibres per c.c. with any degree of accuracy, and therefore enforcement would be impossible.

We, on the other hand, are concerned about the fibres less than five microns in length that are being ignored by the use of phase contrast microscopy. The use of the electron microscope would provide a solution to both our concerns during the interim period while asbestos is phased out of production.

It is estimated that we are only halfway through extracting all of the asbestos that is left on the earth, and it is time we made a decision on the future use of this mineral. Almost all of the major producers of asbestos fibres and products in Canada are foreign-owned, and they have already started to move their operations to the Third World where environmental standards are overlooked in the haste to industrialize.

Mexico now has twenty-three asbestos plants, and no asbestos mines. Taiwan and South Korea have become a major source of asbestos textiles, and plants are opening in India, Venezuela and Brazil. In Canada, Judge Rene Beaudry has stated that the Quebec government has an internal report that indicates that since a good deal of the market in the western world will collapse in the next few years as more and more countries move to eliminate asbestos use, the government agency responsible for the Asbestos Corporation's holdings, once they are taken over, will have to actively market their product in the Third World.

The threat of relocation is often used against our workers in Ontario, but we in the trade union movement will no longer give in to this blackmail. We intend to broaden our international ties with trade unionists in the Third World to prevent the asbestos tragedy from being repeated again and again.





MISS JOLLEY: (cont'd.) Ultimately, the choice comes down to whether you ban or whether you merely control asbestos, which is really a choice as to whether you eliminate or merely reduce risk.

Medical surveillance and just compensation are essential for those who have been, are being and will be exposed in the future, but they do nothing to prevent disease and death, and certainly do nothing to ease the physical and emotional pain for the victims and their families. Early diagnosis of asbestos diseases have little impact on the mortality of the victims of lung cancer and mesothelioma, and because asbestosis is a progressive disease, removal from asbestos exposure does not ensure that a victim will not become totally disabled and die.

Treatment for other forms of cancer may be somewhat more encouraging. However, our real hope for a cure for cancer lies in prevention. It is quite clear that the way to prevent these cancers is to eliminate asbestos exposures.

Therefore, we wish to make the following recommendations based on four assumptions:

- i) Number one - workers have an inalienable right to a workplace free from hazards;
- ii) All types of asbestos cause all types of asbestos disease;
- iii) The dose/response relationship may be linear, but there is definitely no safe threshold;
- and four, iv) Safe substitutes are available for many of the uses of asbestos.

THEREFORE, the Ontario Federation of Labour wishes to make these recommendations to the Royal Commission:

1. All nonessential uses of asbestos will be phased out within one year. This applied to products that need to be repaired as well.



MISS JOLLEY: (cont'd.) All uses of asbestos will be phased out as soon as safe substitutes become available, and within four years.

2. Essential uses of asbestos will be determined by an independent panel of academics, workers and the public, since industry and government have not been responsible in the past. Cost factors will not determine an essential use.

3. During the period of phaseout, exposure to asbestos will be kept to the lowest detectable level by means of stringent engineering controls. Education, personal protective equipment and hygiene facilities must be provided as prescribed in our Chapter Four.

4. All products containing asbestos must carry a warning label indicating that the product contains asbestos and that asbestos may cause cancer.

5. Where asbestos is found in public buildings, it shall be removed and disposed according to prescribed procedures laid out again in our Chapter Four.

6. Renovations and demolition shall be carried out under prescribed conditions, again laid out in Chapter Four.

7. Private householders will be encouraged to remove all asbestos found in their home.

8. A government agency should be set up to carry out this work to be sure that all procedures are followed, that records are kept on all employees, and medical monitoring of those employees continue until their death.

9. A notice should be sent out to every physician



MISS JOLLEY: (cont'd.) practising in Ontario to inform him or her of the hazards of asbestos and the appropriate longterm medical monitoring that should be carried out on any patient with asbestos exposure. All medical records will be made available to the patient and his or her authorized agent.

10. A notice should be placed in all newspapers in Ontario, and in the major cities across Canada, on all radio stations and television stations, informing the public about the real hazards of asbestos and informing those workers with past occupational exposures about the Ontario government surveillance program.

11. All dumps and landfill sites shall be checked for asbestos, and where it is found, a proper covering of earth shall be placed over the site to prevent airborne pollution. The sites shall be properly maintained to prevent the asbestos from being released in the future.

12. The government shall demand that all substances entering the workplace shall be properly tested and found to be nontoxic by an independent testing agency before they are allowed to be used. All testing will be paid for by the manufacturer.

13. A carcinogens policy shall be developed immediately which requires that any substance causing cancer in test animals shall be treated as a potential carcinogen.

Finally, out of an extreme sense of urgency, we wish to make one interim emergency recommendation to this Royal Commission. Even as we meet here today, workers in this





MISS JOLLEY: (cont'd.) province are being exposed to asbestos without the proper engineering controls, without education, personal protective equipment and hygiene facilities that could reduce the risk while we wait for your final report and the Ministry of Labour's asbestos standard.

We are especially concerned about those workers who work for fly-by-night operations who are removing asbestos from public buildings. The Ministry of Labour and the Ministry of Environment have the clear power to enforce such procedures, but they lack the will. Therefore, as an interim measure we recommend that the Commission issue an immediate interim report requiring that all present exposures to asbestos must be reduced to the lowest detectable level through engineering controls, that education programs be set up for workers, personal protective equipment and proper hygiene facilities be provided. As well, any company using asbestos must keep proper records of all employees who work, or who have worked for them, which must be given to the Ministry of Labour where they will be available to the worker and his or her union.

Every effort must be made to require that any company who has closed must hand these records over immediately.

We are dealing with the lives of thousands of workers who must be protected immediately. They cannot wait for this Commission to report. We implore the Commission just this once, won't someone err on the side of caution and move to protect these people?

The asbestos tragedy is merely a symptom of a society that places profits before people. We in the trade union movement reject that priority. Our health is not for sale.

DR. DUPRE: Thank you, Miss Jolley, Mr. Waddell, Mr. Meagher. I would like to compliment you on your summary of this brief, Miss Jolley. I find, frankly, that almost any summary of the brief, of course, would inevitably fail to do



5 DR. DUPRE: (cont'd.) justice to a document that is as comprehensive as this one, and since I know of your own devotion in preparing this very substantial document, which is extremely helpful to us, I do want to acknowledge how useful this document is. No oral summary, even by its author, could do full justice to some of the original material presented here.

10 Now, could I just start out by asking one...well, I've got two questions really, I want to put. My first question is with respect to your recommendation that nonessential uses of asbestos be banned. And of course I do note that you have a recommendation that deals with how this might be implemented. You could have a committee of workers and of the public and of scientists try to determine what nonessential uses are.

15 Is this all you would have this Commission think about if it wanted to, you know, pursue your approach of banning nonessential uses, or that is to say you recommend that such a nonessential use committee be set up? Or on the other hand, would you think it useful by way of our research program or otherwise to try to become informed ourselves on the extent to which the use of asbestos can be manageably rationed down to essential uses, as I understand perhaps has been the case in jurisdictions like Sweden?

20 MISS JOLLEY: I think it's fair to say that we would be delighted if the Commission could move on that. We would, however, I think in the trade union movement insist that we have some input and some understanding of your deliberations over that.

25 DR. DUPRE: Right, right.

30 MISS JOLLEY: Often those decisions are made behind closed doors and appear in reports, and we don't understand what the thinking...and all of the input that happened...to come up with such a recommendation.





DR. DUPRE: So that if we send somebody to Sweden, maybe you would want to send somebody to go over with... or have someone in Sweden...

MISS JOLLEY: Or you can pay for us to go.

DR. DUPRE: Okay. Just one specific question which I am particularly, I think, in a good position to ask because I'm the chain smoker on this Commission, and as such, and of course much with the disapproval of my colleagues, I keep, of course, asserting that this particular lifestyle disability is my own business. Of course this, needless to say, prejudices me right away, frankly, in favor of what I see is your bottom line where smoking is concerned, you don't use these nasty personal habits, if that's what they are, as a smokescreen for other issues.

But could I just put this to you as a worry that is on my mind: I picture a situation where, for example, we even had in place some kind of a ban on nonessential uses of asbestos. I still see, of course, asbestos exposure hazards under those circumstances even, all over the place...in demolition, in removal, quite possibly in brake linings. The list is probably substantial.

Now under such circumstances, I am just trying to get a sense of your own bottom line. You quite properly point out that personal habits like smoking should not, perhaps, be an excuse for not having clean workplaces. I understand that perfectly well.

But in a situation where there still are any of a number of asbestos exposure hazards in the first place, what's your gut reaction, say, to policies...they might even, for all I know, be government enforced...that would require an employer to restrict employment, where there is the possibility of exposure, to nonsmokers? How does that grab you in terms of a gut reaction?



MISS JOLLEY: Not well. I mean, I'm worried about proposals such as that because where does it stop? I mean, are you then going to remove all women from exposures, are you going to remove blacks and Europeans or southern Europeans from exposures to lead? I mean, when are we going to have genetic sort of engineering for the super worker. I worry about that because we are not facing the problem.

I think I have indicated in our brief that the trade union movement in our education program certainly promotes the nonsmoking, but the whole emphasis on lifestyle has been promoted, I think, by industry and government to deflect the attention, and the problem is asbestos and you are still going to have lung cancer in nonsmoking asbestos workers. When you can assure me that you will...if you can ensure to the workers in the workplace that the levels will be at the lowest detectable level, that they will be provided with proper education so that they understand fully the risks and the risks of the combination, if they have the proper personal protective equipment, which is almost never given to them, if they are given the whole hygiene facilities that are required, the time to decontaminate, and that kind of thing, then we might take such a program seriously. But we are never given those two things. It's always smoking cessation. It's always, well, 'you can't work here if you smoke', or 'you can't work here if you are a woman', or 'you can't work here if you are black'. Because it's your problem, it's always the worker's problem, and the problem in this case, we feel very strongly, is asbestos.

DR. DUPRE: Well, I take your point and thank you very much for it. Now, as a smoker, I'll be thinking about it, I can assure you.

Your brief has any of a number of very comprehensive points relating to the health issues of asbestos. I know that Dr. Mustard just can't wait to plumb your wisdom on



DR. DUPRE: (cont'd.) this.

Fraser?

DR. MUSTARD: Thank you, Mr. Chairman.

5 I must say that the historical background of the whole story is extremely well done in your brief, and that poses for me a question which I'm sure you have thought through in great detail and I've got a series of questions that come from it.

10 Recognizing the history of the recognition of the health problem with asbestos, recognizing the slowness with which society decided to move to do anything about it, have you any thoughts about how we might approach this kind of situation in the future? In other words, do you think that what we are developing in terms of approaches to managing hazards in the environment, in the workplace, is really going to minimize this time lag for the future?

15 Let me give you another example, another arena which has always fascinated me. I'm sure, as you know, that the first reports on smoking as a health hazard came out in the 1950's. The tobacco industry hired probably the founder of biostatistics to work with them, A.M. Fisher...and A.M. Fisher  
20 I think was a pipe smoker...worked very closely with the tobacco industry to prove that all the evidence that was being accumulated about smoking being a health hazard was wrong. Of course, that created a real conflict for everybody, because here was this distinguished statistician saying the other studies were bad, etc., so that this ability of society to not come to grips with  
25 these issues isn't related just to the workplace. It's related to all the arenas.

30 But surely we have gained enough experience in this century that we should be thinking about how we should handle this kind of thing for the future. I was wondering in your thoughts about this if you have any views about what the approaches might be so that that time lag between identification and





5 DR. MUSTARD: (cont'd.) application can be drastically reduced, rather than left for a very long, extended period, which is certainly the asbestos history.

MISS JOLLEY: Well, I think that it's fair to say that the trade union movement has in all of the brief to the Royal Commission on the Health and Safety and Mines, and to any submissions on Bill 70, etc., and historically have always called for the pretesting of any chemical entering our workplace, 10 mandatory pretesting. One of the things that we are concerned about in a program of pretesting and my understanding of the program in the United States, is that the manufacturer of the chemical themselves do the testing and somehow assure the government that those tests indicate little or no risk.

15 My concern is that it's too easy to manipulate testing, and the asbestos industry especially has indicated that they have manipulated research often. I would like to see perhaps an independent agency through the universities, for instance, that have no vested interest in either the production or use of this chemical do the actual testing, and the testing should be done...first of all there should be an aims testing to 20 indicate the possibility of the chemical being a carcinogen, but then furthermore I think that the animal testing should be carried out before any chemical is allowed into the workplace.

25 We believe that animal testing does indeed indicate toxic effects, and we will accept animal testing because we would rather it be on animals than our workers.

I think such a program would prevent a lot of such disasters like this from occurring.

30 DR. MUSTARD: Can I pursue this a bit more with you? By the way, just one cautionary note, university research isn't without its biases.

MISS JOLLEY: No, I understand that.



DR. MUSTARD: I would hope that you would have a more broadly-based group than that. Mr. Waddell, I see you nodding in agreement.

MISS JOLLEY: Especially it depends on who pays for it.

DR. MUSTARD: But if you take one of your important points, and that is that substitutes be used, the substitutes may well be new products, and I would gather from your comment then if they are new products, you would want them prescreened before they are put in...which creates an interesting time dimension problem, I think, as far as thinking about this.

If you had a screening policy in place and you required all new chemicals...or all new substances, I guess, to be screened by an appropriate screening system...and I don't think an aims test would work for fibrous particles, unfortunately...but if you had a screening system in place which could...a combination of bacterial screens for mutagens and animal testing, I take it from your recommendation thirteen that if the substance was carcinogenic in the animal tests, you would want it banned, regulated or what?

MISS JOLLEY: Well, I think that faces a basic dilemma in the trade union movement that we have to come to terms with, and that is that when we are dealing with a carcinogen, our policy is that there should be no exposure because there is no safe threshold for any carcinogen that we know of.

Now there are two options, therefore. You can eliminate the exposure through engineering controls, or you can eliminate the exposure through substitution.

We believe that, in the case especially of asbestos fibres, that substitution is the only answer because ultimately the engineering controls don't work with fibres, ultimately the end product has asbestos that is then released into the environment.





MISS JOLLEY: (cont'd.) There are, however, some carcinogens that can be controlled so that no exposure happens, through engineering controls, and we would accept that as long as there is absolute proof that in the final product that it is not released to the environment.

DR. MUSTARD: Fine. Now...

MISS JOLLEY: But if you stop it before it's introduced to the workplace, people don't become dependent on the product, so nobody misses it. You know, if you start removing so many things now, this is when you notice it.

DR. MUSTARD: Let me pursue this a bit further. Let's suppose that we do have a system that is in place for an agreed upon appropriate objective screening of new substances, and all new substances have to be registered with the ministry, of course. How do you determine whether a new substance gets introduced into the workplace?

In other words, the dilemma I see, and let me see if I can get this clearly stated to you, that there are about three thousand new things turned up a year to be put into operation and indeed the lists may go to the ministry. How do I know in plant X, as a worker, whether a new substance is actually being introduced in the process?

In other words, who is going to monitor whether it actually occurs? I can't see a police force going around and monitoring all the plants, yet we are worrying about substitutes.

Looking at the new legislation and various things, and I think this is very important to the issue that you brought forward here, have you got views as to how one can really ensure whether an organization does introduce a new product, a new substance into a process in a plant?

MISS JOLLEY: Well, first of all, the legislation should state that it cannot be introduced until the testing has



MISS JOLLEY: (cont'd.) been carried out. You can't introduce it and then do the testing.

5 But right now, the legislation as it stands in the province of Ontario does not provide a right to know, an adequate right to know to workers. Workers have the right to be informed of hazards in their work, and our experience in the hazards of their work is, well, if you stick your hands in this solvent, you might get dermatitis, or if you don't wear your mask or if you smoke too much or eat in the workplace, that's the way hazards are described to us. They are not adequately described.

10 Secondly, we have a source of information through the health and safety committees. To our knowledge, some of our organized workplaces have good, functioning committees. But the employer determines what information does and does not go and there appears to be no enforcement on the part of the ministry to see that this kind of information be provided to workers.

15 There is nothing in the legislation that says that the employer must inform the worker of the generic...of any chemical that he works with. There is nothing that says that the employer must inform the worker of any new chemical that he introduces. There are ways around that, but the ministry has not shown any will to enforce. They don't even know how many committees are in the workplaces.

20 DR. MUSTARD: But if you had an arrangement whereby the committees received that information, would that be a powerful control as to whether new substances which had not been approved were being introduced in the workplace?

25 MISS JOLLEY: No. I don't think it would be a powerful control. It would be somewhat of a control if you had workers that are properly educated in the whole field of occupational health and safety, but there is that control of the quality of information that the employers have then. Who is going to provide the worker with the information, and what kind



5 MISS JOLLEY: (cont'd.) of information are they going to get? In a lot of our workplaces the information that people are getting are the hazardous data sheets produced by the manufacturer. Well, manufacturers have a vested interest in minimizing the risks of their product, because they want to sell it, and I don't think that kind of information is adequate for a worker to determine whether he wants to take that risk or not.

10 DR. MUSTARD: But if the information were registered with the ministry, and the ministry could make that information available in a form that was generally understood, then the committee members could approach...once they knew the substance had been introduced...could approach the ministry for the information. Would that not help?

15 MISS JOLLEY: That could help. I mean our experience with the ministry hasn't been very positive either. The way they describe hazards has been pretty...

20 DR. MUSTARD: My reason for pursuing these questions is that the substitutes, if they are new, do pose a problem for us because of the guidelines you put forward here, which I think are very clear.

MISS JOLLEY: Mmm-hmm.

DR. MUSTARD: Mr. Chairman, could I turn to another area of questioning?

DR. DUPRE: If you please, Dr. Mustard.

25 DR. MUSTARD: I am fascinated by, in your brief, the point that you make in several places about the lack of information about who has been exposed and lack of adequate mechanisms of people who have been exposed. I wonder, since this not only is relevant to asbestos, but in other areas, if you have any thoughts about how, from the experience that you have seen in the asbestos arena, that this whole system of information  
30 about exposed workers could be improved to the benefit of everyone involved?





MISS JOLLEY: Well, I think the Ministry of Labour has in fact put forth some very interesting ideas in their proposed recommendations for workplace standards. We don't agree with the levels they set, but especially the medical records, the records on personal exposures, the requirement that those records be kept for maximum periods of time either by the employer themselves or by the government if they go out of business, all of this kind of thing would be extremely helpful.

DR. MUSTARD: Let me pose an even tougher question for you. One of the problems, I understand, is linking data... linking the data from a worker's file in the workplace from whatever may be a record that is kept in the special ministry file, linking it with the death certificate, etc., when you are trying to track down information about hazardous substances.

Many people have been putting forward the idea that there should be some kind of identification number that can go on those files to allow effective linkage of the information to increase the power of determining what's really happening in the system. Of course, when you get into the question of linkage of data, you get into the question of unique identifiers or that other terrible number called SIN, the social insurance number, which we've just had a Royal Commission pronounce upon.

I wonder if you have any thoughts as to how one can improve the information and the linkage of information so that one really has good data about what really takes place... and indeed I put this forward in a positive sense...because if the target is to remove the hazards one would like to have some confidence that you could really show that they had been removed in terms of their effect. So do you have any views about how the information systems could be linked and avoid all the problems that come into terms of personal identification?

MR. MEAGHER: Mr. Commissioner, I think that you have touched upon a question that we find to be extremely



5 MR. MEAGHER: (cont'd.) sensitive, if I understand your question properly. We have had copies recently of an organization in Ontario, at least, that has been circulated to employers to say that they can get the records of any prospective employees they may be looking at to show their health records and whether or not they will likely come up with injuries that would be...in other words, they are a bit of a risk or a hazard to have in the workplace. This information, they claim, was arrived at legally, and so on, and I am trying to remember the name of this organization. I can't remember the name of it.

10 We are fearful in this kind of a situation of what could develop, and certainly we have conflicting things that we want. We want the adequate records. What we don't want is that they should get into the wrong hands and be used for reasons other than the reasons for which they were intended.

15 I can't, off the top of my head, come up with a foolproof solution to that problem, but it's one, obviously, that we are going to have to address ourselves to if this is the way that it has to go, because obviously there is a tremendous lack of information in the work history of people and what they have been exposed to over the years.

20 DR. MUSTARD: I have one other question at the moment, and that is tied into...do you want to make another comment on that last question?

25 MR. MEAGHER: Equifax...wasn't that the name of the company?

DR. MUSTARD: I think, Mr. Chairman, it might be interesting if they would give us that information that they... at least I would appreciate having it.

DR. DUPRE: A copy of it? Is this possible?

MISS JOLLEY: We can bring that to the Commission.

30 DR. DUPRE: Thank you very much.



5 DR. MUSTARD: Now, you also have on page eighty-eight a fascinating paragraph at the bottom, which I'm sure all of us from time to time feel very keenly about in dealing with society and government, and it's the fragmentation problems that occur in government, and you argue very strongly for the responsibility to be placed in one ministry...because of your experience in the past about the fragmentation.

10 Does this mean that you would like to see the responsibility in this area in a specific ministry, or set it in one ministry such as the Ministry of Labour or the Ministry of Environment? Could you expand on that a bit further? This is the whole trouble with, I guess, the hazard substance to which we<sup>are</sup>/~~all~~ exposed - business.

15 MISS JOLLEY: I think it's very difficult for us to determine which ministry in which this would be placed, or perhaps we should look at the possibility of setting up a separate ministry to deal with this. Essentially, all workplace exposures then become, usually then become environmental... environmental exposures and there appears to be little or no co-ordination and little or no information shares, and it seems to me that the people should be one and the same that are  
20 concerned about the toxic substances in our workplaces and our environment.

25 Our experience is that the Ministry of Labour appears to have more knowledge about a lot of the occupational exposures, but our past experience with them has not necessarily been good, so I can't tell you which ministry we prefer. Perhaps we should look at a separate ministry.

30 DR. DUPRE: I'm going to call a brief coffee break at this time so that the chairman can go up in a puff of smoke. Mr. Meagher and his colleagues have agreed to return to the presenters' table for about fifteen minutes of further questioning. Let us say that we shall resume at quarter past





DR. DUPRE: (cont'd.) eleven, please.

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THE INQUIRY RESUMED

5 (REPORTER'S NOTE: Due to the monitor not being informed the proceedings were resuming, a small portion of the proceedings was not recorded and picks up in the middle of questions and answers from Dr. Uffen to Ms. Jolley.)

10 DR. UFFEN: ...nobody's fault, but it's a criterion on which everything else depends.

MISS JOLLEY: I'm afraid that that's a very technical subject which I don't feel personally competent to answer any questions in.

15 I mean, our concern is the politics of measurement as opposed to the technical, but we do intend to address the technical issue of measurement through some of our expert witnesses.

DR. UFFEN: Then I'll leave that until later on.

20 A somewhat related one is, you do draw attention to the relative costs of optical microscope techniques and electron microscope techniques. They are expensive to buy and build. I would like to know what your view are about whether there are enough available and who, in your view, is the proper organization to conduct such measurements.

25 MISS JOLLEY: Well, first of all, I think the optical microscopy is available extensively for the Ministry of Labour, and I think it's the electron microscope technology that is extremely expensive. My understanding was that Dr. Chatfield, when he was before the Commission, said that the cost that....he gave a cost which surprised me,



MISS JOLLEY: (cont'd.) and that was seventy to eighty dollars a sample. In fact, the Ontario Research Foundation is charging a lot more than that for sampling, but I used what I heard and what Guyan Rahjans of the ministry hears.

I think that measurement is a real problem and the numbers of electron microscopes are a real problem, but the issue is one...if you have a hazardous substance which is clear to us causes disease, measurement is not the problem anymore. It's to get rid of the asbestos. I think that the whole issue of how much measuring should be done, where it should be done, all of that kind of thing, all surrounds the issue of whether or not you can set safe standards, and we don't believe you can.

So, essentially, if you have zero exposures, then you have to remove the asbestos and that's our main concern.

For instance, we don't feel in public buildings that it's essential to go on measuring all over the city or all over the province to see whether there is a little or a lot. It is irrelevant, because any amount of asbestos is of concern to us.

DR. UFFEN: Would you recognize that there is always some asbestos, whether there has been any installed in a building, that nature provides us with that whether we like it or not? Also, at very low levels of intensity the difficulties of identification become very large whether you are dealing with asbestos or something that looks and behaves like asbestos?

Well, I won't pursue that part of it, but I would be interested in...put the question another way. At the present time a number of independent foundations, very few, and one or two government departments and a few universities have the equipment. Most of these organizations are overloaded. The one that I know about has a huge backlog of measurements which



DR. UFFEN: (cont'd.) it's really not able to keep up with. Would you offer any view as to additional measurement equipment that might be necessary, and under whose auspices?

5 MISS JOLLEY: Well, again it gets back to the problem of whether or not you need to do all the measuring that goes on. I don't think that it's necessary to be doing as much measuring as we've been doing in the public...in public buildings and environment.

10 I know the Ontario Research Foundation is overloaded with people sending samples from public buildings and that kind of thing, and I...

DR. UFFEN: Is your union happy with the reliability and integrity of the people who are making the measurements now? This is not an issue? You wouldn't want to set up your own?

15 MISS JOLLEY: We would love to, but the cost, I think...

DR. UFFEN: No, all right...

20 MISS JOLLEY: No, I think there is great variability, as I understand, between how the sampling is done and things like that. The Ontario Research Foundation takes a sample that is quite different from a sample read by somebody else, and I think that proper procedures have to be set out in terms of measuring, and that kind of thing, to decrease the variability. But, I mean, our only concern is that independent readers be reading the samples.

25 But again, it speaks to the overemphasis on measurement and therefore the dependence on somehow that there are standards by which we should be limiting exposure.

30 DR. UFFEN: The final one comes out of your recommendations that you read out, it was number two, I believe, "essential uses of asbestos be determined by an independent panel of academics, workers and the public", etc.

Who would you visualize as appointing these





DR. UFFEN: (cont'd.) people? How would they be appointed? What qualifications would you prescribe?

MISS JOLLEY: First of all, the qualification question is...the question is a social/political question, and therefore I think that anyone can participate in social/political questions. It's not a technical question, it's not a scientific question, and I think that people from the workers should be selected by unions and selected by working people generally, the general public...I mean, our concern is that the panels set up often are set up for political reasons as well, which is of concern as well...people that sit on boards and commissions, it's usually a political appointment, and that concerns us.

So, I don't know. Terry?

DR. UFFEN: Political with a small p?

MR. MEAGHER: I would imagine that the so-called public representative would likely have to come through government. The government professes to, and I'm sure they all do, to represent the public, and the kind of expertise that would be necessary, that Miss Jolley made reference to, would come, hopefully, out of the university community, the academic community, and certainly the workers who would be exposed to this would expect to have representation on such a committee.

DR. DUPRE: Mr. Laskin?

MR. LASKIN: Just to follow up on that question. Does your union at the present time have a list of what you might consider essential uses of asbestos, at the present time, from your perspective?

MISS JOLLEY: I don't think we do. I mean we have access to the literature in the sense that you have access to the literature, and we made statements in our brief as to the possibility of substitutes for each of the uses that we identify. I think that that would require an awful lot more research that, unfortunately, the time was not available to us at the time.



MISS JOLLEY: (cont'd.) But we would be prepared to...I think it's that the industries involved both in the substitution end of it and the asbestos end of it should come before us and present their cases, as well as independent researchers in this whole field, and that then the panel makes that determination of whether it is essential or nonessential.

MR. LASKIN: Are the criteria a necessity of the product on the one hand and lack of a safe substitute on the other?

MISS JOLLEY: Yes, yes. I mean, the problem is that most of the companies have indicated to us that cost is the factor with substitution in a lot of cases, and that's unacceptable. I mean the cost to us is too great for using asbestos.

MR. LASKIN: Can I turn to a different problem? You mention in your brief, and indeed some other presenters as well have mentioned in their briefs, this whole problem of insurance coverage for workers. Can you update us? Can you tell me what the present situation is in terms of insurance coverage for asbestos workers? Can they get coverage? Are the premiums higher?

MISS JOLLEY: I'm sorry, I don't know that. Perhaps one of the union colleagues could help me.

Can asbestos workers get insurance now, life insurance?

UNIDENTIFIED SPEAKER: Not to my knowledge.

MISS JOLLEY: I'm sorry. I would have to find that out.

MR. LASKIN: All right. Maybe at some stage during the course of this whole piece...we haven't heard from the insurance industry...you might be able to tell us what the situation is, and particularly whether it's a matter of coverage, whether it's a matter of premiums, whether age is a factor, and so on.



DR. DUPRE: I think you can take that as notice.

MISS JOLLEY: Right.

5 DR. DUPRE: I might say that we ourselves, thanks indeed to the fact that you and a number of other groups have brought this to our attention, are going to try to get some information from the horse's mouth, so to speak, meaning the industry, the insurance industry itself.

MISS JOLLEY: Right.

10 DR. DUPRE: Mr. Laskin, any other questions?

MR. LASKIN: No, that's fine, Mr. Chairman.

15 DR. DUPRE: Could I, in conclusion, simply address to you a final line of questioning. I want to thank you for that recommendation on an interim report. I'm not sure, frankly, what we are going to do with it, but I think I could share with you honestly the following, that at least as far as I am concerned personally, that recommendation almost...is almost taken out of my mouth, so to speak.

20 I want to share with you a concern that I have, and I invite any reaction you wish to give to me. Asbestos control programs are quite major at the moment, and I think in line with a lot of the submissions that have been made to us. If you are going to have asbestos control programs, certainly given the youth of the affected population, schools are a priority among other public buildings. Now, for any of a number of reasons, as Shakespeare once said, "perhaps if 'twere done, then 'twere well it were done quickly".

25 But I detect a concern, and it's a concern that is in a number of the briefs that I have read, including union briefs, that control programs which, if rapidly implemented, can create occupation exposure hazards for the workers who are involved in the control.

30 Now, I note, of course, from your own brief that





5 DR. DUPRE: (contd.) you are quite conscious of the alternative control techniques that are available, namely encapsulation, isolation, removal. Your own brief makes an argument, as I understand it, that would award priority to removal on any of a number of grounds, which at least at first blush appear quite defensible. If you are going to have to remove sooner or later, even at the stage of demolition, why not get it all out of the way now?

10 Yet, on the other hand, my worries take the shape of the following proposition: If it is possible to proceed with encapsulation measures, for example, that are effective in terms of the environment of a public building, but that can be undertaken with less of an exposure hazard to those who must occupationally undertake the control, is there a case, at least  
15 for a short while, if we have the problem that you allege in your recommendation for an interim report, namely, that if you try to do a lot of removal operations quickly, all kinds of operators very quickly come in and try to do the best they can, but it may just be beyond not only their own capacity, but perhaps even the capacity of inspectors to ensure that proper  
20 precautions will be taken in all removal operations.

25 Now, I guess the bottom line question I am asking you is, do you think I'm out of my tree for simply putting to myself the following proposition...maybe one thing I ought to be thinking of...is whether, at least in the short run, control programs might not be encouraged to the extent it's proper and feasible to emphasize encapsulation and other nonremoval techniques over removal, so that removal will be rationed to instances where it is clearly essential? Of course, all of this is predicated on the assumption that removal operations do  
30 occasion, on balance perhaps, the chance of greater occupational hazards than other control actions.



MISS JOLLEY: I think a real concern that we would have about the whole program of encapsulation across the province would be, ultimately encapsulation causes the removal to be far more dangerous in the sense that if asbestos is removed now by using a wet spray with a surfactant, that it can easily penetrate and it reduces the dust significantly and also reduces the time of exposure to workers. If, however, you go around the province spraying all the asbestos with encapsulation materials, for instance, latex paint, it means that that kind of operation ultimately when the removal goes into effect, that workers may have to be working in essentially dry asbestos conditions, which increases the risk for those that are involved later in the removal. That would be of great concern to us.

DR. DUPRE: That's an excellent point, and I think that it suggests that what we have to weight at this juncture is precisely that sort of consideration...coupled with, I would imagine, such other considerations as what realistically are the chances of improving protection technology within, you know, the next several years so that some of the exact hazards which you point out in removing encapsulated asbestos would in fact be reduced. I thank you for that.

Could I please ask my final question, which is just by way of information. In terms of the geography of organized labour in Ontario, what unions do you suppose are... have workers who are particularly closely involved in asbestos control, whether it's encapsulation, isolation or removal operations? Would it be largely the construction groups, or can you give me some idea of which unions might be most prominently involved in terms of the role of their membership in these operations?

MISS JOLLEY: I think largely, if they are unionized at all, which I think is the main problem, because I



MISS JOLLEY: (cont'd.) think a lot of the groups of people that are rushing around removing asbestos...and there was a reference on Metro Morning this morning to the whole King Edward renovations and that kind of thing...the problem is that most of these people are not organized and therefore have very little protection involved. The incidental exposures during encapsulation, enclosure or removal would, of course, be CUPE members, OPSU and other PESAC people, Public Service Alliance, Canadian Union and Public Employees, and the Ontario Public Service Employees Union.

DR. DUPRE: These are members of unions who would run the risk of being indirectly exposed while control operations are going on?

MISS JOLLEY: While that's going on, right.

DR. DUPRE: But as far as...I'll just leave it with you. If you can at some time, perhaps, just try to give me an idea of where at least the organized labour individuals might be situated in terms of unions that are involved in control operations, I would much appreciate it.

MISS JOLLEY: Right. They would certainly come from the building trades, but exactly where...

DR. DUPRE: Dr. Mustard, for a final question?

DR. MUSTARD: Can I ask a question about this? If the contractor or the organization doing it is unionized and employs other groups that are nonunionized, do you have any kind of arrangement whereby you can assure the person who is doing the contracting ensures that they are meeting the standards that have been set for protection of the nonorganized worker?

MIR. MEAGHER: We have no assurance on that.

DR. MUSTARD: I see. Can I make one further comment, Mr. Chairman?

DR. DUPRE: Yes, please.

DR. MUSTARD: I would like to thank you very much





5 DR. MUSTARD: (cont'd.) for telling me what an advisory council I chair is up to. I didn't know that they were doing a test group on genetics in this whole problem. I don't know who your spy was who gave you the information, but I certainly will investigate what's going on. Thank you very much.

MISS JOLLEY: One of our members understands that that's what he is sitting on the task force to do.

10 DR. DUPRE: Thank you, Dr. Mustard, and may I thank you, Mr. Meagher, Miss Jolley, Mr. Waddell, most sincerely not only for your presentation this morning, but for the very meaty brief you have provided us with. Frankly, I don't know what on earth in there I agree or disagree with. I am going to find that out. I can hardly wait to find out over time, but I would say one thing: You introduced yourselves as  
15 having eight hundred thousand members and I would certainly take your brief anytime as evidence that there are eight hundred thousand members of an organization in Ontario who are very well served by this presentation.

Thank you, indeed.

20 May I, on behalf of the Commission, now welcome the representatives of the Labour Council of Metropolitan Toronto.

Good morning, Mr. Majesky. Good morning, Mr. Cwitco. May I recognize, please, Mr. Majesky, the president of the Labour Council of Metropolitan Toronto.

25 MR. MAJESKY: Mr. Chairman, first of all I would like to thank the Commission for affording us the opportunity. For members of the Commission, the Labour Council of Metropolitan Toronto of Metropolitan Toronto represents the people in the greater Metropolitan Toronto area. For the information of the Commission, that numbers about a hundred and eighty-two thousand  
30 people.



5 MR. MAJESKY: (cont'd.) I would like to go over our brief, Mr. Chairman, because I think it's important, and we'll then allow questions to Mr. Cwitco, who in fact is our expert in the area of occupational health at our Center for Labour Studies.

10 It would be incorrect, Mr. Chairman and members of the Commission, to tell you that we welcome this opportunity to make our views known on the matter of asbestos. Indeed, we believe that our concerns regarding this material are well known.

15 It is our believe that we and you and all the presenters are engaging in an exercise that is designed at best to delay any decision about asbestos, and at worst to avoid making the hard political choices that need to be made.

20 It is unlikely that this Royal Commission will find any new hidden truths about asbestos. The scientists who minimize the dangers have published their work. The scientists who argue that no safe levels exist for carcinogens have also placed their views before the public, and the Royal Commission will hear testimony from those who have made fortunes from asbestos, and understandably from their perspective would like to continue to earn these profits. Unions and central labour bodies have also made their fears about asbestos slaughter public prior to this Commission's formation. This Labour Council in its Health and Safety Letter "Health Alert" published a fact sheet on asbestos a number of years ago. The second issue in October of 1976 was devoted to this substance. Almost everyone will be represented before the Royal Commission: industry, government, the professions, will undoubtedly appear...medicine, engineering and the rest. The unions will also be present, and the public will appear, as will the survivors of asbestos exposure.

30 You will undoubtedly hear from widows and from



MR. MAJESKY: (cont'd.) those suffering asbestosis, or asbestos-induced cancer, and their testimony will speak to the real issues before this Commission. But our brothers and sisters who have died will not be here. Their unknown numbers bear mute testimony and they cannot relate to the Commissioners the stories of their shattered lives and dreams. Their agony was private, shared by their family, friends and coworkers.

Neither we nor you can do anything for them. For them it's too late. All that remains in the memories, and our comments reflect those memories and our bitterness reflects their pain, and our cynicism reflects the fact that their deaths were unnecessary and avoidable because those who sent them to die knew.

We present the Commission with our comments not because we believe the Commission will solve the problem of asbestos. Indeed, we believe that when all arguments have been made, when the political heat has been reduced, when it is convenient, the Commissioners will recommend that the economic costs of doing what needs to be done are too high, and the scientific arguments which justify what is deemed to be the economic need will be accepted.

We expect that dollars will be given more value than lives, and our concern about Royal Commissions like that are even broader. If the asbestos Royal Commission is the first of a series, if next year we are back to discuss vinyl chloride, and after that benzene, then coke oven emissions, acrylonitrile, perchloroethylene and the many other chemicals and physical agents which are hazards both in the occupational and general environments, then we will have time for nothing else.

The piecemeal approach is patently observed. We need to evolve methods in this society which can deal with hazards industrial progress has given and continue to give us and our children. We are not prepared to say the carcinogen policies





5 MR. MAJESKY: (cont'd.) proposed in the United States is the way in which our Ontario and Canada should proceed. We are, however, convinced that a neverending series of Royal Commissions will only serve the interests of those who wish to see as little as can be defended done.

10 If this Royal Commission does not include as a part of its recommendations a method for dealing with current and future hazards of major proportions, then even if we are surprised and the Commission does make progressive and useful proposals about asbestos, the exercise will still be a failure. The people of this province, while they need an organized policy for asbestos, need more than that. They need a comprehensive policy for determination of how this society should begin to deal with the incredible story of environmental hazards.

15 Asbestos is not a new hazard. It is not some amazing revelation of the 1980's that asbestos makes people sick. It is not a revelation of the 1980's that asbestos causes illness in significant numbers of people. It is old knowledge even if it has not always been made public knowledge.

20 In 1900, a physician in London diagnosed the first case of asbestosis, and by 1935 the medical records officially recognized twenty-eight asbestosis cases. In 1918, insurance companies in both the United States and Canada stopped selling personal life insurance policies to asbestos workers. And by 1935, the first link between asbestos and lung cancer had been reported. Seven years later, in 1942, ten cases had been officially reported and recognized.

30 One study published in 1935 looked at a hundred and twenty-six asbestos workers in Canada and the United States. Sixty-seven were classified as having asbestosis, thirty-nine were listed as doubtful, and only twenty were diagnosed as being completely free of asbestosis.



5 MR. MAJESKY: (cont'd.) Those findings indicated eighty-four percent of the workers had some signs of disease, and fifty-three percent positively diagnosed, while only sixteen percent showed no signs of the disease.

Of the total of a hundred and twenty-six, ninety-six workers, or seventy-nine percent, complained of persistent coughing or shortness of breath, which are typical early symptoms of asbestosis, and clearly an epidemic.

10 More than fifty percent, and perhaps as high as eighty-four percent, of a group of asbestos workers were found to have this crippling lung disease. Why not a Royal Commission in 1935? Why no public outcry or debate? The answer should note that the information was neither given to the public, nor the workers. Indeed, if it had been available, its conclusions and the conclusions of the authors, minimized the hazards. They reported that the workers appeared healthy and that they were not disabled. They also suggested that the symptoms described by the workers were subjective and therefore should not be given too much emphasis.

20 While the report was not suppressed, the public was not put on alert. The same cannot be said for the asbestos companies. The workers tested were mostly employees of Johns-Manville. It is inconceivable that the company would not have received a copy of the study and understood its implications. Were the plants cleaned up? Were the workers protected? Were they even informed of the conclusive evidence that their work caused diseases?

25 Information clearly does not imply action. The study serves only as one example of how the companies ignored the information which it either had or had access to.

30 Industry tactics took a number of turns. Firstly, they ignored the report of asbestosis. When the first reports



MR. MAJESKY: (cont'd.) of lung cancer were made, industry dismissed the reports as not indicative. They were, after all, only case studies, not randomly selected. The individuals might have been especially susceptible to lung cancer. Clearly what was needed was a long-term study or analysis of the health records of current asbestos workers. Either of these activities were within the power of industry. Such action was not, however, in the interest of an expanding and a profitable industry.

By 1955 a British study had found an unusually high rate of lung cancer among asbestos workers. The industry had to respond to the growing evidence of links between their product and cancer. What then began, we believe, is a history of denial, obfuscation and downright deceit which was sponsored, bought and paid for by the asbestos industry.

By 1960, medical research on asbestos was at a watershed. By then a total of sixty-three papers on the subject had been published in the United States and Canada and Great Britain, and the fifty-two papers not sponsored by the industry, by hospital and medical school staff, indicated asbestos is a cause of asbestosis and lung cancer. The eleven papers sponsored by the asbestos industry presented polar opposite conclusions. They denied that asbestos caused lung cancer, and minimized the seriousness of asbestosis.

One of the most important industry tactics was to ignore the latency period. The studies they sponsored would look at a large group of workers irrespective of their age or length of service in the industry.

The early 1960's caused new problems for industry. The disease mesothelioma was added to the list caused or suspected of links to asbestos. This was found not only among workers, but also in their families. Asbestos was being recognized as an environment, not just a workplace, hazard.





5 MR. MAJESKY: (cont'd.) In addition, Dr. Irving Selikoff and his colleagues at Mount Sinai Medical Centre completed their major study based on the records of an asbestos workers union.

10 Asbestos was now not only an important, but a recognized hazard. Industry was beginning to take the issue much more seriously, the threat to profits was increasing, too many people were finding out about too many health problems. While industry sponsored only eleven studies in the previous thirty years, the years since 1960 have seen the output climb dramatically and more than thirty studies to 1975.

15 The problem of latency period did not disappear in these new studies, nor was it treated in a new way. The prime example of the new studies was funded by the Quebec Asbestos Mining Association and carried out by J. Corbett McDonald of McGill University. The failings of this research are now well documented and well known, but they fall into a pattern that should be neither forgotten nor ignored.

20 As the manipulation of latency period became too well known a dodge, new theories were needed. One of the first of these was that the problem was not asbestos, rather the problem was trace metal contaminants in the asbestos. While this theory was finally rejected, we see little difference for those who died in arguments about whether the problem was asbestos or its impurities.

25 Perhaps the most absurd explanation of the source of asbestos-related disease suggested that the polyethylene bags in which the asbestos was stored was contaminating the product.

30 Another theory, and one which has current proponents, is the theory that there is good asbestos and bad asbestos. It is not surprising to us that good asbestos just



5 MR. MAJESKY: (cont'd.) happens to be mined and most commonly used in North America. We cannot say that there are not differences between the abilities of the various types of asbestos to induce disease, but frankly, we don't care. We don't care because all asbestos induces disease, and all asbestos causes cancer, and all workers exposed to the asbestos, of whatever type, have an increased risk of disease.

10 Another current and even more damaging argument, is that asbestos disease was caused in the bad old days when there were not adequate standards or protection for workers. It is a neat turn on the use of latency as an argument. Before, latency was ignored, and now it is used to explain continuing high epidemic levels of disease amongst asbestos workers.

15 From our perspective, the most insidious implication of this theory is that we will have to wait another twenty or thirty years to be sure if the theories are right or wrong. We say enough. According to reputable scientists, "it is known that asbestos fibres have been demonstrated to be carcinogenic to man at all fibre concentrations studied under adequate epidem...epidem...", pardon me, Mr. Chairman...

20 DR. DUPRE: I have the same problem, but I know exactly what you mean.

25 MR. MAJESKY: Further, reputable scientists agree that it is not possible to determine safe levels of exposure for substances which cause cancer.

30 "There is no known method for measuring or predicting the safe level of exposure to any carcinogen below which cancer will not result in any individual or population group. That is, there is no basis for the threshold hypothesis which claims that exposure to relatively low levels of carcinogens is



MR. MAJESKY: (cont'd.) "safe and, therefore, justifiable."

5 It is not useful for us to engage in arguments about whether white is less hazardous than blue. It is not helpful for us to argue that a two fibre standard is not as good as a point zero one fibres when we believe that no exposure is safe. There are a phenomenal number of potential technical arguments which can be made, investigated, proven or 10 disproven, although that takes time. Those who are already the victims don't have the time to wait, nor do those who are waiting to take their place on the firing line have time for further studies. They are...and this will be said numerous times during the course of this Commission...the experimental rats of today's science.

15 It is important to recognize that the push for further studies, while it may be based on a scientific impulse to seek truth, it is also based on a conceptual framework that considers chemicals safe until they have been proven to be harmful.

20 It is a basic tenet of our system, innocent until proven guilty, and therefore proof, irrefutable proof, is required before asbestos and those who profit from it can be penalized. Penalty in this instance is further control or a ban on asbestos with the corresponding loss of profitability.

25 The premise that "innocent until proven guilty" should apply to chemicals as well as people is nonsense. People are treated in this way because our society, at least in theory, believes that it is better for the guilty to go free than it is for the innocent to be punished.

30 We believe this presumably because the consequences of a mistake are, on balance, worse, if for example an innocent woman was executed because of an error in the judicial system than a guilty man be set free through a similar error.



5 MR. MAJESKY: (cont'd.) With chemicals, the situation is clearly reversed. On balance it is infinitely better for chemicals to be banned until they are proven safe for any particular use.

10 While we are fully aware of the problems which have plagued other regulatory agencies in their search for pesticides or for pharmaceuticals which have been proven safe, the record in these areas is infinitely better than in the workplace. This is not to suggest some form of paper regulation which will make us feel better because the law requires pretesting for confirmation of safety. What we want and what society needs are real and enforced methods of control on those who would manufacture, mine, process or sell hazardous products in all forms, for it is a mistake to look at only the chemicals or  
15 substances. People are also involved in the process and asbestos has always been hazardous. Perhaps in earlier times people died too soon so there were few cases of lung cancer or asbestosis, but the potential was always there. After the knowledge of the hazards of asbestos became known, is it legitimate to ask about the guilt of asbestos? It is more reasonable to consider  
20 the guilt of those who profited from the ever-increasing and continuing use of asbestos and the failure to seek safer alternatives.

25 At the outset of this brief we expressed our concern that the Royal Commission would, in the final analysis, base its decision on the economic side of the question. We believe that the recommendations will follow the new religion known alternatively as cost-benefit or risk-benefit analysis. We are not economists and we reject an economic basis as the framework for the discussions on asbestos.

30 We are talking about more dollars, we are talking about the fundamental right of working people to live.





5 MR. MAJESKY: (contd.) While we are not prepared or able to argue about the specifics of any cost-benefit or risk-benefit equation, we do have some comments about the procedure itself and how it applies to the regulation of health hazards in general and the asbestos hazard in particular.

10 A representative of a public interest group in the United States where the cult of cost-benefit analysis has its most sophisticated followers and critics, has observed that, quote, "abolition of slavery or child-labour laws would never have passed the cost-benefit test".

15 Another critic described it as "the invention of those who do not wish to regulate or to be regulated" Its primary use in government decision making is to avoid taking action which is necessary or desirable in order to truly protect the health of the public or the integrity of the environment."

20 Another has described the entire approach as nothing more than scientific pornography, and a committee of the U.S. Congress concluded that "the limitations of the use of cost-benefit analysis in the context of health, safety and environmental regulatory decision making are so severe that they militate against its use altogether".

25 Yet, it is still an issue. We feel obliged to do what we can to ensure that this Royal Commission cannot simply accept as reasonable the application of cost-benefit analysis in determining what actions are needed to protect workers and the public from a continuing asbestos epidemic. Our limited knowledge of the methods of cost-benefit accountants leads us to the conclusion that the system developed from the profit and loss accounting used in business.

30 That system allows an entrepreneur to assign dollar values to the cost and benefits of various alternative actions and thereby allow him or her to maximize a return on investment, the maximization of profits being the ultimate



MR. MAJESKY: (cont'd.) goal for business in our society and a necessary factor in a business's continued survival.

5 While we are not convinced that the methodology has yet been successfully applied in any area of social policy, recent applications of the theory in the regulation of serious health hazards is, we believe, indefensible.

10 Our primary criticism of the technique is that it doesn't work because the methodology is both inadequate and inappropriate. But more than that, we believe that it is a process used to obscure rather than inform. The system deflects the discussion away from basic policy issues and translates it into an argument about numbers and equations. While it is relatively straightforward to understand that asbestos makes people ill and kills others, it is not so simple  
15 if that argument is translated into the jargon of the economist with technical equations justifying this or that number, which in turn justifies some particular action or inaction. There is a popular expression which may say it best, "BS baffles brains every time".

20 Nicholas Ashford, an associate professor of technology and policy, and the assistant director of the Center for Policy Alternatives at the Massachusetts Institute of Technology, has commented extensively on the uses and misuses of a cost-benefit analysis as a tool for making policy in the area of health, safety and the environment. In a  
25 very real way he challenges the neo-conservative, knee-jerk, anti-regulation attitudes popular in both the U.S. and Canada, and so they should be challenged.

30 Those who claim that regulation costs too much or business is being destroyed by government interference, are the same ones who have profited tremendously from the historical absence of regulation while destroying the health and lives of thousands of workers.



MR. MAJESKY: (cont'd.) He sees a fundamental difference between economic regulations and regulation in the sphere of health, safety and the environment. Economic regulation attempts to ensure that the price mechanism operates efficiently within the system. Economic regulation is an attempt to reduce the price of goods and services it attempts to regulate.

Health, safety and environmental regulation, on the other hand, has as its purpose the reduction of an adverse consequence of technology by reducing the social costs. Such regulation seeks to force manufacturers to internalize the cost of their technology which had previously been carried by society as a whole. This means that while the price of a particular good or service may rise, the increase is not inflationary because there is a corresponding decrease in social cost. There is a shift in who pays from society as a whole to those who profit from the creation of the hazard or the use of the hazardous product.

He also argues that it is often assumed that because the costs of complying with the regulation can be easily converted to dollar terms that they are reliable and true costs. The vinyl chloride example is a classic case of the fallacy of that argument. In the early 1970's, chemical manufacturers announced that a proposed new standard for vinyl chloride would cost two million jobs and sixty-five billion dollars. They protested that the standard was beyond their capability, and their estimates were wrong. The industry flourished, profits increased, no jobs were lost and the real expense to industry was only five percent of the estimate. There is an obvious problem which arises when industry estimates the cost of actions which they have little or not interest in taking. Indeed, there may even be a clear vested interest in inflating the estimates.





MR. MAJESKY: (contd.) Ashford is also concerned about the ability to estimate the benefits of regulation. The state of the art, he argues, of estimating the number of cases of cancer or chronic diseases prevented, or even injuries prevented, is in its infancy. It is difficult, perhaps even impossible, to accurately calculate the difference in incidence of chronic diseases resulting from exposures to one part per million, or point five part per million of a particular carcinogen. (At least partly because so little of the past chronic disease has been accepted as occupationally caused.)

To carry the argument further, even if we could accurately estimate both the amount of the disease or injury prevented by regulation, and the cost of implementing such regulations, serious difficulties would still remain. The task of putting a dollar value on the health benefits of reduction in accident rates which will occur sometime in the future and over a period of time, and then comparing those amounts with the current compliance cost are, at best, extremely chancy.

What, for example, is the value of an arm or a leg, or the loss of activity caused by severe lung disease? What is the value of human life? The University of Rochester places it at three hundred and fifty thousand dollars, the American Enterprise Institute at two point five million, and Cornell University at one point five million. These figures are expressed in U.S. dollars, and life would be worth about twenty percent more in Canadian. Which valuation is correct? Can one even begin to place dollar values on such items?

Then how many lives are equal to a ventilation system or a ban on a product? Would the prevention of a hundred deaths be worth the banning of a two point five billion million industry? (\$2,500 million) Who can make such choices and who plays God? Especially when decisions are to be based on



MR. MAJESKY: (cont'd.) such fragile technical information and what appears to us to be the total absence of a moral base.

5 Another problem in assigning values to life and limb is the value workers will place on their own lives. It is clear that the more one earns, the higher his or her economic standing and the higher the value which will be placed on personal life or safety. Given current economic conditions or even the hypothesis in this society that full employment means that four to six percent of the population who want to work will not be able to find jobs, it is easy to understand how the asbestos manufacturer will, no matter how high the risks, be able to find workers ready to assume those risks. Risks which senior executives of those same corporations do not, we suspect, would not take themselves.

10 Are those in the the lowest economic categories to be assigned to a listing head 'expendable'? Add to all these problems inflation, and the situation becomes even more complex and difficult to rationalize. Whatever it costs to regulate asbestos will be spent over a relatively short term, whatever the benefits of that regulation are, they will occur over a relatively long term.

15 How does one compare a future saving to a current expense, especially when the expenses and savings of any particular action or inaction fall to different segments of society?

20 Finally, we are not convinced that the analysis of cost and benefit of any particular regulation is enough. What are the costs and benefits of doing nothing, and who pays the cost? How do they fit into the equation?

25 The recent case of acrylonitrile in the United States provides us with an instructive example. The standard which was adopted for exposure by workers to this recognized

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5 MR. MAJESKY: (cont'd.) carcinogen was two parts per million, and this was selected over a more stringent one part per million standard at least in part because the estimated cost of attaining the lower standard was deemed to be too expensive. It is estimated that the two parts per million standard would cost one point three seven million per cancer case avoided, while the lower standard would have cost eleven point five one million.

10 The issues raised include: Were the estimates in the differing rates of disease accurate; were the costs assigned to control measures accurate; how do these costs compare to the cost of cancer treatment and attendant social costs paid to the widows, widowers and dependent children; what are the values which were assigned to the loss of productivity; how much was thrown in for pain and suffering? What is the social value base which allows society's decision makers to say that someone's life, presumably not their own, is not worth eleven point five million?

20 Another important aspect of the process is to trivialize the problems by comparing risks. The case of carcinogens is particularly appropriate to discuss. In the recent past when a chemical carcinogen was discovered, that charge alone was sufficient to alarm the public and place the manufacturer or distributor on the defensive. The manufacturer was then compelled by public pressure to dispute the claim of carcin...pardon me, Mr. Chairman. My apologies.

25 DR. DUPRE: I've got the same problem.

30 MR. MAJESKY: Today the process is different. Risk accounting is a part of the overall cost-benefit analysis/ risk-benefit analysis approach used to shift a debate in the industry's favor. Rather than denying it, the companies readily admit the hazards of their products. They ask that the risk of cancer be put in perspective, be compared to other



MR. MAJESKY: (cont'd.) risks and balanced against the benefits of the product. This new approach is based on the recent development of public consciousness that life is full of inescapable risks. Every day a new carcinogen is found in food, and there are incredible natural disasters, someone blows up a plane that did not crash because of design faults. Even getting out of bed has its inherent hazards...one might slip and break a leg.

In this way, the hazards of an accident at a nuclear reactor can be compared to a flood or tornado. That which is controllable is placed beside that which is not, and we are asked to compare the two. So that the introduction of fluorocarbons into the atmosphere with the eventual reduction in the ozone layer and the resultant increase in skin cancer ends up being compared to an individual moving to a sunnier climate. Something that no individual can prevent or control is equated with something that everyone can prevent. They are assigned the same values and placed in the same conceptual framework, and while the claim is regularly made that this kind of analysis is an attempt to place things in perspective, it more regularly places the issue in a cloud. The questions are obscured and ultimately turned over to the computer to answer.

It is a myth to pretend that this process of comparing costs and benefits, assigning monetary value to risks and hazards, is anything but a value-laden form of manipulation tied up in a package of scientific jargon.

For working people, the use of cost-benefit analysis as a basis for regulating health, safety or environmental hazards fails its own test and the costs are potentially too great, and the benefits are nonexistent.

We therefore recommend the following recommendations:





1. All nonessential uses of asbestos be phased out by June, 1982. Asbestos is a carcinogen. Since there are no safe levels of exposure to carcinogens, it should be abolished.
2. An essential use be defined as one for which there is no safe substitute.
3. Existence of safe substitutes should be determined by a panel of independent scientists, workers and their unions, and representatives of the general community.
4. All workers in these industries must be given full and complete information regarding the risks of their exposure.
5. Exposure to asbestos where it continues in use must be limited to the lowest amount measurable.
6. A special fund should be established to defray expenses incurred by workers and communities suffering dislocation as a result of the asbestos ban. Special emphasis should be given to the job retraining and job creation in the area of asbestos substitute research, development, production and use.
7. That a Crown corporation be established to work on the removal of asbestos from all public places. We suggest a Crown corporation because we believe a single large institution will be easier to control than thousands of fly-by-night operators.
8. This same Crown corporation should be charged with the research and development task of finding safe alternatives to the current essential uses of asbestos.



9. The Crown corporation should be funded through a special tax on all asbestos mining, manufacturing and using industries.

5 That, Mr. Chairman, is the extent of our brief and we are now open to questions.

DR. DUPRE: Thank you, indeed, Mr. Majesky. May I hail you as one who, like me, has great trouble with some of these words that trip so easily off Dr. Mustard's tongue. I have always admired the medical profession for that.

10 Dr. Mustard, do you wish to lead off?

DR. MUSTARD: Mr. Chairman, I have three questions. The first is, in your opening comments and on page three you emphasize what I think is a very important thing for the Commission to consider: Is this just one of many, quote, "stonewalling" Commissions, or indeed will we come forward with some broad principles which apply to the subject, in a broad sense rather than a restrictive sense.

15 I wondered if you would care to amplify how much you would like to see the Commission address this area about carcinogens.

20 MR. MAJESKY: I would like to turn it over to Mr. Cwitco, because there is a political answer and he may have...

MR. CWITCO: Well, I'm not sure if there is anything other than a political answer, Dr. Mustard. What we think the course of this Commission must be in terms of looking at asbestos, is that asbestos is an example of a problem that has already been introduced into society. It's here, we have to face that problem, deal with the problem of removing it.

25 There are other similar problems that exist in society that we must deal with...now that there is an economic dependence on those things. In addition to using asbestos as an example for dealing with those problems, asbestos has to be

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MR. CWITCO: (cont'd.) the example for dealing with the future. The Ontario Federation of Labour in their presentation urged you to deal with the problem of pretesting for new chemicals, you raised the issue of how substitutes should be tested, and that's really where we think you have to go. That you have to look at the existing policies, whether they be in the United States, the carcinogens policy which was recommended, whether they be the Swedish policy, whether they be the policy that was recommended by the Science Council in its Policy on Poisons Paper. We have to look at those things, evaluate those things and use asbestos as the case study which will determine the future ways in which this society, and perhaps Canada as a whole, deal with those kinds of problems.

That's what we are urging you to do. To look beyond the simple...I say simple with perhaps a bit of tongue-in-cheek...the simple problem of asbestos, and look at the problem of toxic substances in the workplace and the environment and how we prevent the future dependency of society, if there is a dependency, on those products and the suffering that goes along with failing to do something before that dependency begins to become apparent.

DR. MUSTARD: Thank you. That's very clear.

Can I take you to page fourteen now, and ask you another question? Here, my ignorance of political science and economics will show in abundance, but rather than having my colleague on my right explain it to me I would sooner hear your explanation of the question I'm going to pose.

I believe he's got an economics background, my colleague on my right.

That is, that you argue that the...this business of costs being transferred to the people who produce the products in this area. It seems to me when I read through the Wyler document on workers compensation, he makes the point that when you





DR. MUSTARD: (cont'd.) put a charge on a company the company then simply puts that charge into its product, which is transferred back out to society as a whole. I think that  
5 Wyler's argument is that that still is a regressive form of taxation because the worker gets hit, sort of, kind of twice. He gets hit in terms of the disruption of the plant, and then it's the worker that still carries the bulk of the cost of the increased product.

I wonder if you had given any thought to Wyler's  
10 comments in that document in relation to cost allocation that you are proposing in this particular paragraph.

Now, I may be dead wrong on what I think Wyler says, but I think I've got the interpretation of what he was driving at fairly clear.

MR. CWITCO: I would agree with you that that is  
15 what Professor Wyler has said in his study, but let's be clear. Society as a whole is already carrying those costs. Society is paying those costs now. Most asbestos related disease is not recognized through the compensation system. Most occupational disease is not recognized through the compensation system, so  
20 that society as a whole through our health insurance premiums, through social assistance payments to widows, widowers, dependent children, bear those costs already. That's the first point that has to be made at the outset.

Then I am not averse to developing systems that  
25 control the ability of corporations to pass on those costs, and I think that that can be done, that systems can be developed whether it be some system which looks at the profitability of corporations, the rate of return on current investment, places a tax on them and doesn't allow their profitability to go above a certain rate of return. That's a hypothetical situation, but  
30 I have no doubt...I have no doubt at all that we are intelligent enough in our abilities to develop taxation methods which will



MR. CWITCO: (cont'd.) actually tax the corporations and not tax society. I have no doubt that we can do that, but I can't give you chapter and verse of what that system is.

But, yes, we should be aware that corporations, when they are assigned direct costs, try and pass those costs onto corporations and that we should make some effort to avoid that.

DR. MUSTARD: Thank you. My final question relates to your recommendations seven, eight and nine where you talk about the concept of a Crown corporation to cope with (a) the correction of problems that exist, and doing research for the future. As I read through that I couldn't help thinking about the fact that the asbestos industry isn't just located in Ontario. It's located across Canada. I wondered in looking at this if you saw this as a provincial solution or...one hates to say it in our country with its current debate...but as a national solution and whether this shouldn't be something approached nationally rather than locally because of the interplays that must exist across jurisdictions. Have you given any thought to that?

MR. CWITCO: Well, we probably go even further. Ms. Jolley, when she was talking to you on the problems of asbestos, mentioned the problems of the exportation of the asbestos problem to the Third World. Now clearly we have thought about the problem. In all fairness, we don't think there is a solution that Ontario will be able to implement on its own. We will begin to come to grips with the solution in Ontario, and we urge you to take the strongest possible action to achieve that. But in all fairness, there is no solution for Ontario, just as it will be difficult for Canada, although we do have a certain amount of power if we institute a Canadian solution nationally. We have a certain amount of power because we are major producers.



DR. MUSTARD: Dr. Uffen?

5 DR. UFFEN: One of your recommendations is really quite important, and it deals with nonessential uses. I believe it says, "an essential use be defined as one for which there is no safe substitute, and that this determination would be made by a panel of independent scientists". Would you define an independent scientist for me?

10 MR. CWITCO: Well, I would define an independent scientist as one who hasn't been bought by industry...or by labour, for that matter. But we can't afford to buy them very often.

15 DR. DUPRE: But your point, I guess, is that the kinds of scientists that you would be looking for would be individuals who, in the course of their careers, have quite clearly relied for research sponsorship on, for example, the government, council granting agencies such as the National Science and Engineering Research Council, and so on, as opposed to having done what might be called commission or contractual research, say, for industry or even say for a Department of Mines, of the government?

20 MR. CWITCO: We would not define independent scientists as only ones who agree with us, if that's the question you are asking. We believe that there is a level of independence where there is science that comes up with answers that we don't happen to agree with, that we don't believe adequately reflect the truth of the matter based on our reading  
25 of those documents. But clearly we would not consider independent those people who have worked for industry, who are paid by industry, whose research grants or salaries are determined by their production of things which are acceptable to their employers.

30 DR. DUPRE: That's not an unacceptable point at all. I was thinking when I asked the question, indeed, of someone I



5 DR. DUPRE: (cont'd.) know who is an acknowledged expert in occupational health, who has told me that he never accepts research sponsorship from any source other than a research council or a joint labor/management grant precisely because he is afraid of...he knows very well that evil can be in the eye the beholder and doesn't care to be paid.

10 MR. CWITCO: We should point out that there have been a number of occasions where scientists have stated publicly that they were not being funded by corporations, and on further investigation we have discovered that their protestations were in fact not accurate, were not truthful, and that their research was in fact totally funded by industry-sponsored organizations. Sometimes it's a front organization.

15 DR. DUPRE: Dr. Uffen?

20 DR. UFFEN: My problem with your response is that in the course of a lifetime a scientist may work on projects which are sponsored by a number of different agencies. Right at the moment we have had representations from the Ontario Research Foundation. It does work sponsored by a wide variety of institutions. Would you find the scientists at the Ontario Research Foundation unacceptable?

25 MR. CWITCO: I don't know the scientists of the Ontario Research Foundation and wouldn't want to make any comments on their suitability or lack of suitability for the project. I think there are, at this point, you know, obvious people that we would not want to see in that kind of panel, but I would not want to comment specifically on one agency or another agency where I am not familiar with the people.

30 But the other point that I want to make is that scientists are, to a very large extent, incidental to that proposal. They are not the fundamental basis...their input is not really the fundamental basis, I think, on which the decision will be made because we agree with the statements made by the





MR. CWITCO: (cont'd.) Ontario Federation of Labour that it is not a technical problem, this problem of asbestos. It is a political problem, and that what we have to do is look at the problems from a political perspective and evaluate them from a political and social perspective rather than simply from a technical perspective. We don't want to reject the technical component, but we see that as relatively minor in importance in that panel that we are suggesting to you.

DR. UFFEN: How would you visualize that these people be chosen? Who would do it?

MR. CWITCO: Well, we could...we would...and I'm not a lawyer and have not had a whole lot of expertise with the jury system, but we seem to be able to select panels of juries from members of our community, who are able to independently come up with decisions which society as a whole generally accepts. Now, that may be...and they, as I understand it, are questioned to determine their bias and their preconceived notions on these things, and as I say, we don't believe that there is that need in a very large part for technical expertise. What we believe there is, is a need for common sense and that might be a solution, but it's only a solution that struck me as I sat in the back of the room, and when I heard you ask the question to the previous delegation.

DR. DUPRE: Mr. Laskin, do you have any questions?

DR. UFFEN: I wonder if I could ask a final question? I think it's the final question I have, in any event.

May I take it that your recommendation seven is motivated by your own concern for the extent to which asbestos control operations should proceed in a way that will minimize occupational hazards to the control workers involved? Is this what motivates recommendation seven?

MR. CWITCO: Certainly that's a major part of the



MR. CWITCO: (cont'd.) recommendation, but it's not just the workers who are involved in the control measure. I work at a community college and there was a removal of asbestos at the place where I work, and the workers who were doing the removal were all given respirators, they had work clothes, the hygienic facilities were, I suspect, less than adequate, although I was not exactly able to be involved in them...but at the same time, people walking on the other side of the mylar screen had no protection whatsoever. Employees of the college were not protected. We were given very limited information on what was going on, and have no guarantees, first of all, that the control or the removal of asbestos from the place where it was going on was being done in a way that would not endanger us. Two, we did not have complete access to information about where the asbestos was in the first place, what our exposures as employees were in relation to where we had been working for the years we had worked at the college before they decided to remove the asbestos. So it's not just the workers who remove it, although that is a very serious concern, but it's all of the people who have passed through the community college, whether they be students, whether they be guests, whether they be employees of the college, or any other institution where it's being removed, that concern us and lead us to recommend that kind of recommendation.

MR. MAJESKY: Excuse me. I would just like to comment on that. One of the reasons we are concerned about having a Crown corporation...when in fact it became public in the Metropolitan Toronto area that asbestos was a hazard, the municipalities and the boards of education responded in a variety of ways. The Toronto Board of Education, in fact, looked at it fairly seriously. The Scarborough Board of Education...you had different levels of concern, and they attacked it from a different perspective. Some boroughs made some blatant statements that there were no problems in public



5 MR. MAJESKY: (cont'd.) buildings, and you can't do it in an ad hoc fashion, you can't have individuals, boards of education saying it is serious, some saying it isn't serious, some sitting there in the middle....all arguing, probably, one, in terms of costs, who picks up the costs, because it obviously becomes very costly. Then if you have a variety of municipal bodies not agreeing, then you can't do anything about it.

10 Our argument in terms of having a Crown corporation is a uniform approach if you are dealing with public buildings, and that was one of the concerns we had in the Metropolitan Toronto area, and that was one of the reasons I argue very strongly for a Crown corporation. Because otherwise it just sits out there with different levels of interest and different levels of concern, and if we leave it at that, then I don't think  
15 that's the way to attack the problem.

DR. DUPRE: So I can take it, of course, exactly then as you say, Mr. Majesky, that the notion of having a, shall we say province-wide body...maybe it is a Crown corporation...do this, is something that you see as permitting...or promoting  
20 uniformity in any of a number of...

MR. MAJESKY: I would, yes.

DR. DUPRE: ...in the financing, in the kinds of criteria that are used to determine what the control option that is selected is going to be, namely, encapsulation versus removal versus isolation, and in addition, to ensure uniformity  
25 with respect to the extent to which hazard control procedures are observed when control measures are carried out.

MR. MAJESKY: Well, I definitely want uniformity. I am not going to make a flat-out statement as to whether I want encapsulation. I would argue for removal. On the other hand, I don't want seventy-six municipalities in this province  
30 attacking removal of asbestos in this kind of haphazard way.

I mean, in Toronto, five boroughs can't agree.





MR. MAJESKY: (cont'd.) Can you imagine what you would get across this province when you have every municipality and every board of education arguing which building has asbestos, which doesn't, how do you remove it, what do you do with it? Otherwise it would be chaotic.

DR. DUPRE: One last little question, perhaps, of Mr. Cwitco. You refer to the specific case of the asbestos removal measures in your college. Do you happen to know what union the removal workers belonged to, if any?

MR. CWITCO: It's my understanding that they were not organized workers.

DR. DUPRE: I see.

MR. MAJESKY: I would like to comment on that.

DR. DUPRE: Please.

MR. MAJESKY: I think you addressed that question to Linda Jolley. At this point in time, some of the people who are going to be removing it are probably municipal employees. But that may not be the case. My guess would be that if you get into a large-scale program in terms of removal, some of the people that are going to be involved are the building trades, all the skilled trades, because if you get into a building and you have...as in this building, probably...well, others where I worked as an electrician...you will have electrical equipment which in fact is sprayed with asbestos, you will in fact have sheet metal products in the building which in fact are sprayed, so that if you are talking about removal, you are not just only going to be having the municipal workers or PESAC. You may in fact have to a large extent the building trades who initially put in the equipment also taking it out. So it's hypothetical that in future you are going to have contractors which in fact may be the same people who in fact put in or installed material, because in buildings you have a whole variety of things which will be sprayed with asbestos, and when you have removals you may have



5 MR. MAJESKY: (cont'd.) a whole series of trades involved in the taking out. So there could be very easily...you could have a sheet metal worker, electricians, plumbers and a whole range of trades involved in the whole process of taking it out, because equipment will be involved.

DR. DUPRE: Mr. Cwitco, did you wish to add to that?

MR. CWITCO: No.

10 DR. DUPRE: Well, then it only remains for me to, on behalf of the...I'm sorry?

MR. CWITCO: Before you thank us, I would like to make one final comment.

DR. DUPRE: If you please.

15 MR. CWITCO: That's...you took the opportunity earlier this morning to quote from Shakespeare. I would like to take this opportunity to paraphrase Anatole France, if I might, and the paraphrase would go something like this: "The

rich and the poor in society have an equal opportunity to choose to work with asbestos. It's interesting to note that the rich never exercise their option".

20 DR. DUPRE: I think this is an excellent class in comparative literature.

MR. MAJESKY: Thank you, Mr. Chairman, and thank you members of the Commission.

25 DR. DUPRE: Thank you, indeed, on behalf of my colleagues, for being with us this morning. Thank you very much.

We will now adjourn until two o'clock.

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THE PROCEEDINGS RESUMED

30 DR. DUPRE: Good afternoon, ladies and gentlemen. May I warmly welcome, please, on behalf of my colleagues, the presentation of the Energy and Chemical Workers Union. The



DR. DUPRE: (cont'd.) presenters are led by Mr. Robert Stewart, the secretary-treasurer of the Energy and Chemical Workers Union.

5           Good afternoon, Mr. Stewart. You and your colleagues are very welcome indeed. May I hand it over to you, please?

10           MR. STEWART: Mr. Chairman and members of the Commission, I appreciate the opportunity of appearing here this afternoon and making those representations that we intend to make.

          Before I get into my formal remarks, I would like to introduce those who are here with me today. At the extreme right I have Mr. Robert Donaghy, and he is the secretary of the local union at Johns-Manville.

15           Next to him I have Mr. Ken Montgomery, who is the president of Local 26 at Johns-Manville. Wendy Baird, who participated in the formulation of our brief, and on my left, Dan Ublansky, who is the legal counsel of the Energy and Chemical Workers Union.

20           I would like to state at the outset that our union attaches itself to the OF of L brief in terms of substance and the recommendations contained therein.

25           Mr. Chairman and members of the Commission, I come before this Commission to perform what I perceive to be my legal and moral duty as competently and honestly as I can on behalf of those I am entrusted to represent. I am here seeking the resolution of a life-and-death problem through peaceful and responsible means, despite years of frustration due to government inertia and inaction. It seems to me that in a free society under the rule of law that justice should have been swiftly and surely administered to those who have perpetrated  
30           death and disease upon so many.

          My views on the dangers of asbestos have been



5 MR. STEWART: (cont'd.) shaped in part by personally witnessing the death and dying of many I knew individually. I am further persuaded as to the dangers of asbestos in my readings of the scientific literature, and by accepting that material written by those I trust and rejecting that from the vested interests as being untrustworthy.

10 By taking a position in favor of banning it is not my wish to see workers unemployed, but I am forced by my conscience to stand against worker exposure to asbestos in the interest of human life and good health, regardless of the consequences.

15 Those are my preliminary remarks and I would like to now refer to the brief and read from it, commencing at page one.

20 The proliferation of new chemical substances in the workplace has raised the fears of many groups and individuals because of the failure of both government and industry to identify and deal with the dangers of exposure to these substances. It is only after the fact when death and illness starts to surface that movement towards regulation begins. Those who have been affected by such exposure are, for the most part, left to bear the social and economic burdens inflicted upon them with little or no assistance from either industry or government.

25 The history of the introduction and use of asbestos in the workplace is a graphic example of the tragic consequences of this approach to regulation and control of toxic substances. For over eighty years workers have suffered the effect of asbestos in their workplace while the industry, with little regulation, continued to prosper. It is our intention to relate to this Commission and the public the magnitude of this human suffering.

30 The purpose of this brief is not simply to attract





MR. STEWART: (cont'd.) sympathy for the victims of asbestos-related disease, although there is no doubt that these people are in dire need of assistance. The issues at stake are broader than that.

The industry in this province and elsewhere seems to have been granted an unfettered right to inflict pain, suffering and even death upon its employees with impunity. This right has been recognized by government, which has done very little to protect workers from becoming human guinea pigs to be sacrificed in the pursuit of profit.

Workers will no longer continue to make that sacrifice, nor should they be expected to. The province cannot continue to standby passively, confining its role to picking up some of the pieces after the damage is done. This Commission will be listening to and reading a conglomeration of information from the scientific community, from corporations, associations and unions involved in asbestos mining and production. Much of this evidence will be contradictory. Research studies will have differing results. Memories of historical events will vary. A lot of what you will hear is irrelevant to the real question which this Commission must address, and that is whether or not any one individual, corporation or government has the right to inflict the kind of pain, suffering and death on human beings that you will be reading about in the following pages.

If the Commission fails to answer this question, it will be condoning all that has happened in the past and will be sentencing untold numbers to the same fate.

Members of the Energy and Chemical Workers Union Local 26 at Johns-Manville in Scarborough, have expressed to this Commission their impatience with the slow progress of the Commission. A fourteen month wait to have briefs heard, a two and a half year delay in reporting, with government action even farther down the road, confirms to us that the Commission is



5 MR. STEWART: (cont'd.) a delaying tactic for a government that would not move. When public concern about the dangers of asbestos could no longer be ignored, it established a Commission. We feel that the Commission is redundant. Enough is known about the dangers of asbestos that the government could today protect the lives of all who may suffer from exposure.

10 For many workers in Ontario, asbestos has created a life and death situation. Some of the employees of Johns-Manville attending and speaking at these hearings will die of asbestos-related diseases. A few know now that they are dying because of it. A two-year delay is intolerable to someone who is dying, and as you will hear in the medical and scientific evidence, mesothelioma and lung cancer, effects of exposure to asbestos not only kill almost always, but kill quickly...  
15 often within six months of discovery of the disease.

So you will see that many of the people who have been directly affected by asbestos do not have the time to wait for the ponderous motion of a Royal Commission.

20 Asbestos has been in use for thousands of years, and knowledge of the effects on the people who work with it have been around equally as long. It was known by the Egyptians that people who wove the magic fibre into the garments of the Pharoahs died from "shortness of breath" disease.

25 A more detailed outline of the history of the struggles of workers, governments and corporations over the control of asbestos will be covered in the brief being presented to this Commission by the Ontario Federation of Labour. We will be discussing some of these events briefly, inasmuch as they affect the use of asbestos in Ontario.

30 Ironically, Mr. Henry Ward Johns, the founder of Johns-Manville Corporation, died in 1898 of dust phthisis and pneumonitis.



MR. STEWART: (cont'd.) While detailed physiological effects of asbestos exposure were not known in great detail in Mr. Johns' lifetime, it was known that asbestos killed. The first autopsy on a man with asbestosis was done by Dr. H. Montague Murray in London in 1899. In 1911, a British workplace inspector recommended improved exhaust ventilation in asbestos factories. She commented that the disease was not likely to be a problem in the future because the workplace would be cleaned up now that the problem was known.

In 1918, evidence of the disease appeared in the United States, and life insurance companies would not give coverage to asbestos workers. In the same year, Dr. Pancoast of Philadelphia found abnormal x-rays in people suffering from asbestosis.

As the use of asbestos grew by leaps and bounds, the scientific knowledge expanded as well. By the mid 1930's a relationship between lung cancer and asbestosis was suspected. Studies were implemented. Dr. Dreessen recommended dust counts on the basis of a study he did in North Carolina for the U.S. Public Health Service. His recommendation was similar to that of the British inspector in 1911, slightly more specific, and I quote, "If asbestos dust concentrations are kept below this limit, new cases of asbestosis will not appear". End of quote.

Dr. Selikoff has checked to see what dust levels were like in the 20 years after this recommendation...no dust counts were done.

Explicit and uncontroversial or definitive scientific data was not needed in the first twenty years of the modern asbestos industry to know it was essential to clean up the workplace to prevent death and illness. Since an effective ventilation system and efficient housekeeping techniques were not implemented at Johns-Manville in Scarborough





5 MR. STEWART: (cont'd.) until 1974/1975, one can argue that men who worked there were working in conditions only slightly better than in the English asbestos factories in 1899.

10 Because the industry has been aware of the dangers of asbestos since the turn of the century and did not take effective action until the 1970's, and then only when unavoidable, their presentation on the scientific evidence available for standards, threshold values, lengths of exposure, is highly suspect. They are not interested in the health of their employees, but in the maximization of their return as seen in their ever-increasing profits.

15 As is shown by a court decision against the asbestos manufacturers in the United States, and in Congressional hearings into their actions, their claims that they have been responsible corporate citizens is not true. In the Clarence Borel and Fibre Paper Products Corporation case heard in the United States Court of Appeal, September 10, 1973, the evidence was clear, and I quote from that decision:

20 "To begin with, we note that the disease of asbestosis is cumulative. Thus, both Borel's earliest exposure to asbestos dust, occurring in the late 1930's, and his most recent exposure occurring in 1968, could have contributed to his overall condition. The defendant's failure to warn of the dangers of the exposures occurring in 1968 may have resulted in an actionable injury to Borel. But even if it is assumed that Borel's condition was attributable principally to his early exposures, the defendant's argument still fails since there is ample evidence in the record that the dangers of inhaling asbestos, including the

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5 MR. STEWART: (cont'd.) "disease asbestosis,  
was widely recognized at least as early at the  
1930's. An expert witness, Dr. Hans Weill,  
testified that prior to 1935 there were literally  
'dozens and dozens' of articles on asbestos and  
its effects on man. Dr. Clark Cooper, an  
expert witness for the defendants"...who were  
the asbestos industry..."stated that it was known in the 1930's  
that inhaling asbestos dust caused asbestosis,  
10 and that the danger could be controlled by  
maintaining a modest level of exposure.

Dr. Cooper testified as follows:"

I might say that this was the company's witness. The question  
that was put to Dr. Cooper was:

15 "Q. The state of knowledge in the 1930's, let's  
say, in your opinion, was asbestosis as a disease  
known about and recognized as a danger caused by  
inhaling asbestos dust?"

The answer to that question was, "yes".

20 "Q. Would you say that would have been rather  
common knowledge known in the 1930's?"

The answer to that question was, "Yes, I would  
say that. The answer to that would be yes".

Still quoting from that decision:

25 "As stated in our recital of the facts, several  
studies published during the 1930's and 1940's  
reported the danger to asbestos plant workers and  
others exposed to asbestos dust, and urged  
precautionary measures to eliminate hazard  
concentrations. The American Conference of  
Governmental Industrial Hygienists, beginning in  
1974, issued guidelines suggesting threshold  
30 limit values for exposure to asbestos dust.



5 MR. STEWART: (cont'd.) "Even the Fleischer-  
Drinker report in 1945, relied on by the  
defendants, cautioned that exposure to high  
concentrations of asbestos dust could cause  
asbestosis, and recommended the use ventilation  
and respiratory protection devices.  
10 The evidence also tended to establish that none  
of the defendants ever tested its products to  
determine its effects on industrial insulation  
workers. Nor did any defendant ever attempt to  
determine whether the exposure of insulation  
workers or others to asbestos dust exceeded the  
A.C.G.I.H.'s recommended threshold limit values,  
or indeed, whether those standards were accurate  
or reliable."

15 It is obvious that their responsibility does not  
extend to their employees. People are losing their lives because  
of corporate irresponsibility. In Scarborough alone, thirty-nine  
men have died. And I might say that thirty-nine, Mr. Chairman,  
are WCB figures and they have been altered somewhat because we  
20 have had some deaths since then. It's our position that over  
seventy have died of asbestos-related diseases.

This is a crime, and it's time that it be  
recognized as such. Harry J. Glasbeek, a professor at Osgoode  
Hall Law School in a paper, Are Injuring and Killing at Work  
Crimes, says, and I quote:

25 "If the physical onslaught which takes place in  
the workplace occurred outside the employer/  
employee environment, there is no doubt that  
society would use the most formidable tool that  
it has to stop such attacks. It would use the  
30 criminal process and treat offenders as social  
pariahs. Prosecution under the criminal law of



5 MR. STEWART: (cont'd.) employers for the harm they do to workers, rather than reliance on existing safety and health regulatory schemes, would characterize the conduct of such employers as an unjustifiable preference for unregulated profit over the well-being of human beings who are, after all, very important in the garnering of such profits."

10 End of quote.

15 The legal system in the United States differs from that in Canada, as does the occupational health legislation, so that the two systems cannot be directly compared. However, at last report, late in 1980, there are three thousand lawsuits now pending in the occupational health areas against companies... and that's asbestos companies.

20 Johns-Manville claims that legal costs to the company, not including insurance carrier costs, were two million dollars in 1979, not a back-breaking sum for a company with 1979 asbestos sales over a hundred and sixty-eight million, and earnings over fifty-six million dollars. They claim that the lawsuits will not have an adverse effect on the company finances as appropriate reserves have already been established to cover most of the anticipated costs of such suits.

25 In spite of the drain of asbestos-related production from North America over the past few years, and the number of expensive lawsuits the company is facing, Johns-Manville continues to make near record sales and earnings. Johns-Manville has the ability to pay for the legacy of the past and they must be forced to do so.

30 The Scarborough plant of Johns-Manville started producing asbestos-cement pipe and rock wool insulation in 1948. Fibreglass has since replaced the rock wool production, and the asbestos pipe section was recently closed down. Johns-Manville





MR. STEWART: (cont'd.) has employed over five thousand people in the past thirty-two years. Johns-Manville may make representations to this Commission that they have behaved responsibly, even generously, towards their employees in Ontario. The very creation of the Scarborough plant is proof against that.

When the company built the plant, it was well aware of the extreme dangers of asbestos. They knew that good ventilation and housekeeping techniques were the best way to decrease exposure. The technology was certainly available to reduce dust during production. Here was the perfect opportunity for Johns-Manville to act in a responsible manner and build into a brand new plant adequate ventilation systems, vacuuming and wetcleaning systems, automated mixing equipment, shower and locker facilities. The technology to do the foregoing was available, and they did none of it.

Dust conditions in the first years of operation were extremely heavy. Asbestos came into the plant in sacks, which were hung on nails, slit open and pounded with mallets until the loosened fibre fell onto a belt to be moved for further processing. Until 1965, three men on each shift mixed asbestos fibre, silica and cement together manually to be fed into the pipe forming machines. Conditions were so dusty that men couldn't see six inches in front of them. Sometimes they couldn't identify men who were working beside them, because of the blizzard conditions.

During the years that these conditions prevailed, the men knew that the dust was affecting both the men and their families. Many developed a tight chest where they felt as if they had a metal band around their chest. Nausea was experienced by many. In fact, in dustier work areas it was a regular occurrence for the men to vomit shortly after starting to work each day. Others developed uncontrollable choking or coughing reactions. Men came home from work, the wives report, with



5 MR. STEWART: (cont'd.) asbestos in every seam of the workclothes, in the creases of their skin, and in their hair and eyebrows, ears, heaped like snow. One woman bought surgical scissors and a magnifying glass to remove fibres embedded in her husband's skin and her children's feet.

10 Another family built a little change shed behind the house where the man could change his workclothes and not bring the dust into the house. One employee, now dead, purchased used clothing and discarded it daily. Several families report that their children developed coughing and nausea when the men started to work at Johns-Manville, and that these symptoms subsided when the workclothes were changed outside of the house.

15 What did the company do to control this excess dust? Well, there were six showers for about two hundred and fifty asbestos workers at that time. The ventilation system was hopelessly inadequate in the 1950's. A second ventilation system was installed in 1966/67, but a union president, Charlie Neilson, said, it was overloaded within six months.

20 Replacement systems were installed in 1969 and 1971 and 1972, but there was no change in the amount of dust the men brought home on their clothes and bodies. One man said that the company's response to union requests for ventilation was to paint over the windows of the plant so the rays of the sun wouldn't accentuate the cloud of dust in the air.

25 John Dodds, who started working at Johns-Manville in 1952, and who is now dead from asbestos-related diseases, said, and I quote: "The company never mentioned health hazards.

30 As a matter of fact, I used to be on the union executive a couple of times. Whenever you asked about asbestos they, the company, used to shut you up as fast as they could because they didn't want to get involved in that." End of quote.



5 MR. STEWART: (cont'd.) Many of the men still working at the plant remember when the pump from the slurry settling tank to outside settling ditches was not working. One of the men had to jump into the ditch to unclog the pump. He came up covered from head to toe in brown asbestos slurry.

10 This waste slurry was pumped outside to a marshy area some distance from the plant. Ministry of the Environment officials picked up high asbestos readings in the water table there, and eventually confiscated the land to force Johns-Manville to stop dumping there.

15 The company then started drying the sludge in three large holding areas. A worker drove a bulldozer over the dry sludge to break it up, with no protection for driver or neighborhood, and then piled it outside the plant. Those piles are still there, three stories high.

20 Masks were made available to the workers if they wanted one, but they were not required. As a matter of fact, the company maintained that you didn't really need one, according to Charlie Neilson. The masks that were provided were hopelessly inadequate cotton gauze masks or air filter-type masks. It did not supply fresh air supply respirators called for by most experts.

25 In 1972...it was actually 1971...Dr. Irving Selikoff came to Ontario at the union's request to discuss his research. On the basis of his findings to that time, he predicted that we would be facing a disaster at the Johns-Manville Plant.

30 The company called him an alarmist. The dictionary describes a disaster as an event that causes much suffering and loss. We know that the families of thirty-nine dead and a hundred and twenty-three ill people who are living on compensation call this a disaster. So should Johns-Manville.

During the contract negotiations between 1965





MR. STEWART: (cont'd.) and 1974, the union put forward the following health and safety demands:

- lowered dust levels
- double locker system to prevent exposure of families through workclothes
- decent shower facilities
- better ventilation
- proper maintenance procedure
- more covers on machines
- a health education program for plant workers
- banning of blue asbestos from the production process

The union was unable to move the company on any of these demands. The company argued that the three deaths of Scarborough Johns-Manville workers up to 1971 were the results of exposure prior to 1956. Mr. G.P. Loubert, plant general manager, sent a letter to employees during the 1971 strike.

He stated, and I quote: "It is true that the three long-term employees have died, and that the WCB (Workmen's Compensation Board) has named asbestosis as a contributing factor. We are of the opinion that the disease was contracted in the early years of the plant operation when the working conditions from a dust standpoint were certainly not as effectively controlled as they have been for the past fifteen years. We do not believe that any new cases have developed since the improved dust controls have been in effect."

Ten years later, with thirty-nine employees dead and a hundred and twenty-three ill, here is what Mr. Paul Kotin, Johns-Manville's Senior Vice-president, Health, Safety and Environment, says, and I quote:

"Exposures to excessively high levels of asbestos



MR. STEWART: (contd.) fibres in the air as observed decades ago, prior to the establishment of standards and installation of engineering controls and the development of appropriate work practices, has resulted in asbestos-related disease. This is in marked contrast to the current levels of exposure."

And life goes on...at least for Kotin and Loubert.

We have seen how, at the Johns-Manville plant, Johns-Manville obscured the issue of asbestos exposure by denial of danger (days of high exposure are past), smokescreening (smoking is really the hazard), 'Lord knows we've tried' arguments (we've cleaned, ventilated and tested, take our word for it), corporate paternalism (we will take care of you, we know what is best).

It is quite clear that Johns-Manville was very aware of the dangers of asbestos even before the Scarborough plant opened. Evidence recently brought before the U.S. Congress and several U.S. courts show that Johns-Manville had recognized the relationship between asbestos exposure and asbestosis and lung cancer in the 1930's. In 1949, the company's medical officer, from Asbestos, Quebec, stated that the company maintained a policy of not telling its workers they were suffering from asbestos-related disease until they became physically disabled. Johns-Manville claims credit for voluntarily introducing warning labels on its U.S. products in 1964, but the Canadian story is different. In the mid-1960's, employees in Scarborough were instructed by the company to remove or cover warning labels with paint when using U.S. boxes from thermo-bestos pipe covering. The union challenged this instruction, but the company continued the practice arguing that they were not compelled by Canadian law to use warning labels.



MR. STEWART: (cont'd.) More recently, the Asbestos International Association, of which Johns-Manville is a major participant, attempted to withhold labels on asbestos shipped to some countries for fear of possible negative influence on sales. So much for cautioning those who live outside the United States.

Where was the Ontario government when all of this was going on?

Eighty - eighty-five percent of the government and company fibre level tests were above the threshold limit values according to the results finally obtained by the union in 1970. To this date, Johns-Manville has never been charged with exceeding exposure levels. The government did not take the responsibility of informing the company of changes in the TLV. For example, the Ministry of Health changed the TLV from five fibres per c.c. to two fibres per c.c. on January 1, 1972. Johns-Manville was not officially informed until June, 1974.

How serious did Johns-Manville listen to government regulation? Even after the official notice and several government inspector reports mentioning the new TLV, the company annual industrial hygiene survey, published January 10, 1975, still listed the TLV as five fibres per c.c.

How seriously did the government take its responsibility of protecting its citizens, the employees of Johns-Manville? It would appear that the company controlled the government policy making decision about asbestos exposure. On February 6, 1975, in the Toronto Star, Dr. Vern Tidy of the Ministry of Health, Occupational Health Branch, stated that the company has been aware of the problem for many years but that they 'maintained they needed blue asbestos to strengthen their product'. The next day, Dr. Joseph Crowle, Chief of the Industrial Chest Disease Branch of the Ontario Ministry of Health, said, in the same newspaper, and I quote:



MR. STEWART: (cont'd.) "One would have to be blind not to admit that it's blue asbestos that's the villain". End of quote.

5 To this day, the government is still fooling around trying to make a decision about blue asbestos. They are now proposing a standard of point two fibres per c.c., not even the lowest level technically feasible. In spite of the fact that they know about the danger, they continue to allow the company's 'need' to control government regulation  
10 decisions.

In 1975, Energy and Chemical Workers Union, then the International Chemical Workers Union, in co-operation with Stephen Lewis, then leader of the Ontario New Democratic Party, made an issue of the effects of asbestos on workers in the Legislature. The government responded by saying that levels  
15 of exposure were quite satisfactory, and that unions should take a large part of the responsibility for avoiding health hazards. The efforts to regulate blue asbestos show that in fact the union was the only party involved taking responsibility for the health of the workers.

20 On February 5, 1975, in the House Standing Committee on Resources, Health Minister Frank Miller, in response to an attack by Stephen Lewis, said that his ministry's officials were satisfied that there was, and I quote, "no current health problem", unquote, at Johns-Manville. He suggested that, and I quote, "conditions within the plant,  
25 in the main, are meeting our environmental standards", end of quote.

February 13, 1975, Mr. Miller and two of his cabinet colleagues toured the plant. They told reporters that they were satisfied that the company and the union were doing  
30 their best to safeguard the workers.

November 14, 1975, the Ministry of Labour made





MR. STEWART: (contd.) the statement noted above about union responsibility, adding that the workers would be at no risk at all if they would only use respirators.

5 Throughout the public debate that year, the government continuously made statements supporting the company. In fact, in spite of their statement about respirators, no effort was made to enforce the use of respirators until 1977, and then it was because of the involvement of the Scarborough Board of Health.

10 The company's attitude during this public debate was one of feigned innocence. Their spokesman, Tom Patterson, said on February 6, 1975, to the Toronto Sun, and I quote:

"We, the company, must be meeting all government requirements or they wouldn't let us operate".

15 End of quote.

20 In fact, a report on tests taken in November of 1974, tabled in the Legislature by Stephen Lewis, showed twenty of thirty-five readings above the two fibre c.c. guideline. According to Charlie Neilson, the Ministry of Labour had issued six directives to Johns-Manville in the year up to February, 1975, but they were not acted on.

25 The failure of the Workmen's Compensation Board to be responsible to the public it serves was obvious in its dealings with Johns-Manville employees. We will be discussing with the Commission the role of the Compensation Board at a later date.

30 On February 5, 1975, Stephen Lewis told the Workmen's Compensation Board Chairperson, Michael Starr, that rather than acting as, I quote, "just a mechanical repository for claims", end of quote, the Board should correlate claim figures and report them publicly where a pattern of occupational disease seems to be emerging.

Believe it or not, almost six years later the



MR. STEWART: (cont'd.) Board still does not keep aggregate medical information about occupational cancers.

Also, it is difficult to obtain the information they do keep, in our case on asbestosis. When preparing this brief, we were told that the information was for the employers only. We did obtain the information after pointing out that it had become public knowledge in the Legislature last April. Rather than acting on behalf of workers and the public and alerting them to dangerous occupations and careless employers, it has acted as a repository of privileged information and as an ineffective and inconsistent insurance agency.

We can say unequivocally that many of our members have become more expert at diagnosing asbestos-related symptoms than the medical establishment. Many times a man knows he has asbestosis, but he is unable to get medical confirmation. His family doctor is not an expert in occupational diseases, the Ministries of Health and Labour and the Workmen's Compensation Board minimize the seriousness of the symptoms, or simply attribute them to minor dust effects.

These men have pains in their chest, can't catch their breath after slightest effort, and they have seen many others before them fall with the same symptoms. But not to worry, they are fine, fine, fine.

To this date, the workers are not told the meaning of the numbers on their x-ray cards. They have learned from bitter experience that if the number increases, so do the symptoms. And if they go past a certain level, they should ask because it means trouble.

As we have seen, the company does not tell a worker anything until he is physically disabled.

The men can also tell they are developing asbestosis because of the direct effect the disease has on the quality of their personal lives. A graph of the relationship between work



MR. STEWART: (cont'd.) and their private lives would look like this.

(REPORTER'S NOTE: See graph on page 29 of Energy and Chemical Workers Union brief.)

This graph has no numbers because the disease affects each individual differently. One man with fifteen percent disability may have some difficulty breathing on exertion. Another man classified as fifteen percent disabled may need oxygen to survive, and be unable to work.

Men have told us that the development of the disease is insidious. At first you may look for flatter hunting ground, or you can't climb the hills without losing your breath, and chest pains. Then the second floor of your house becomes less accessible, and one man, a first-time grandfather, told us he had to stop playing airplane with his grandson because of the pain in his chest.

The saddest part is that the men gradually start cutting themselves off from people around them. They feel they are turning into chronic complainers and start keeping the pain and worry to themselves. During these early stages of disease, most men affected continue to work for two reasons: First, they have never been informed of the results of continued exposure, and second, they have no financial alternative.

When asbestosis develops further, as it does with many of these men, especially with their long and heavy exposure to asbestos, a new set of problems arise. As asbestosis progresses, it results in nonmalignant respiratory diseases such as heart disease and chronic lung conditions. In spite of the scientific evidence and evidence found in the workers at Johns-Manville, our Workmen's Compensation Board has not accepted any such claims. They are often unable to continue working, which means they must make a crucial decision about whatever





5 MR. STEWART: (cont'd.) remains of their lives and about the lives of their children and wives. If they choose to fight for a hundred percent WCB pension, and it means a fight - most claims to the Workmen's Compensation Board take six to  
10 twelve months before an initial decision is made about asbestosis. Decisions about cancer take about the same time, but since the man often lives only a short time, a pension isn't available until near or after death, they must leave work, giving up extended medical benefits at the time they need them the most. They have to take reduced life insurance just when they must come to terms with the fact that their families may need it soon.

On the other hand, if they remain working at Johns-Manville, the company is glad to keep them on as they remain minor cases on the records.

15 One man drove to work, went from car to plant, on an electric golf cart and he was so incapacitated he couldn't walk that far.

20 The men we have talked with experienced a mixture of anger because they were facing an inability to support their family, of frustration because there was no way out. They knew they had little or no chance of getting fair compensation. A man who gets a fifty percent disability pension is like immobilized or near death and has to live on fifty percent of his salary with no extended medical benefits. When you have been off sick for six months, the company gives you three days notice that you will lose all benefits, insurance  
25 and seniority if you do not return to work. As one man said, and I quote, "I've lost everything I've worked for all my life at forty-four years of age, with no hope of recovering it". End of quote.

30 Gord McIlwain, who was the union business representative in the 1960's, said it was usual practice for workers to be off for six months with bronchitis or emphysema,



MR. STEWART: (cont'd.) the company doctor euphemism for asbestosis, return to work for two or three days and then be off for another six months.

5 One man suffering from dust effects described how the mood changes in the plant, and I quote: "Sometimes

We hear someone died, and everyone is sad.

Next time a guy dies, no one wants to hear about it. They want it to go away. They are overloaded with death". End of quote.

10 If company presidents could only carry this unavoidable fear for just one day, then maybe this nightmare would end.

15 Another effect of developing asbestosis is the change it brings in the family relationships. Some men turn away from their families because they don't want the family to carry the burden. Other men turn to their family for the support they need. But inevitably, the quality of life must change. Men often can no longer make love to their wives. They cannot play with their children. They cannot participate in an active social life. They are reduced to sitting at home, often taking all weekend and evening to recuperate from work which they cannot afford to give up.

20 One woman told us that her husband really died when he had to give up his bowling. He clung to that for as long as he possibly could, even though it had become just a visit with friends...his last remaining normal activity. Once he gave it up, he went downhill rapidly. He was fifty-two years old when he died.

25 There comes a time when the men know they must die of severe asbestosis or cancer. The fear of cancer among the workers is all-consuming. They know that their friends usually die within six months of diagnosing the disease. We have seen many cases where the man who was ill sensed what was



MR. STEWART: (cont'd.) wrong, but the diagnosis was not confirmed until the autopsy report. Even when a man is dying, he often cannot find out the truth, and must die without knowing if his wife and family will be cared for.

If you must die of asbestosis, the agony is more prolonged. Once the diagnosis is made and accepted, you usually live out your life on a meager pension. While no cases of suicide have come to our attention, a survey of mortality patterns among workers employed in a U.S. asbestos textile plant, by R. Lerner and John H. Dement, showed a significant increase in suicide rates. In a cohort of three thousand, two hundred and seventy-six workers they expected seventeen point one suicides among white males, and found thirty. This comes as no surprise. The stresses that our society puts upon these workers would make most of us crumble.

As asbestosis develops, so does mistrust. Mistrust of the medical experts who claim shortness of breath is normal after walking to the bathroom, or who say everything is fine one month before you die of cancer, or who tell you this month you are disabled forty-eight percent due to asbestosis when six months ago you were all clear. Mistrust of medical experts develops when the doctors say your lungs are normal and the technicians say the only test she has seen which were worse were taken on a man who died the next day.

Mistrust of the Workmen's Compensation Board develops when they classify you as fifteen percent disabled, but you need four tanks of oxygen a day to survive. Or when they notify your friend a year after his application that he qualified for rehabilitation, but he dies a week later of lung cancer. Mistrust develops when a widow goes before the Board with three independent and respected doctors' opinions that her husband's death was due to asbestosis, and the Board denies the claim.



MR. STEWART: (cont'd.) Men who work at Johns-Manville always remain apart. They don't often like to talk about their experiences with anyone, even their wives. One man told us he feels that he is carrying a time bomb inside, with a fuse of unknown length.

Wherever they go or whatever they do, people who have worked at Johns-Manville must carry the consequences of that reality with them. There is no escape for these men.

We have found through our interviews that for many people who work at Johns-Manville what should have been the best years of their lives turn into a living hell because of the time they spent exposed to asbestos.

In their forties and fifties, these men should be enjoying their growing families, the homes that they have established, the financial security and seniority they have built up over their lifetime. They have established themselves in the community and with friends. They should be looking forward to many years of living. Instead, they must face a regression in the quality of life, loss of pride and dignity as they try, often unsuccessfully, to prove that they are ill and unable to work.

Recommendations - This union recommends that the following steps be taken immediately to protect people against the hazard of asbestos in the future, and to adequately compensate those who have already suffered because of their exposure to asbestos:

1. That the use of all types of asbestos be banned in Ontario.
2. That all substitutes for asbestos be pretested for toxicity and that engineering controls and safety regulations be in place before use of the substance in the workplace in order to reduce exposure to the lowest





MR. STEWART: (cont'd.) achievable level.

3. That a medical management section of the Ontario Ministry of Labour be established to monitor the health of all people who have worked with asbestos in Ontario. Workers registered in this program should be monitored for asbestos-related disease. Time spent by a worker in this program shall not involve any loss of wages or out-of-pocket expenses. All medical information will be made available to the individual concerned, rates of death and disease will be made public yearly.
4. That a compensation mechanism, separate from the present Workmen's Compensation Board, which has proved itself incapable of meeting the needs of asbestos workers, be established by the Ministry of Labour for all who are now suffering from asbestos-related disease or who develop such diseases in the future. The cost of this compensation system will be shared by the Ontario government and the companies involved, because of their shared responsibility in the illnesses and deaths of these workers.
5. That workers suffering from asbestos-related diseases, and the widows of asbestos victims, be compensated at the rate of the Statistics Canada average industrial wage, to be adjusted annually.
6. That procedures for the safe removal of asbestos from the workplace, as detailed in the brief from the Ontario Federation of Labour



MR. STEWART: (cont'd.) to this Commission, be immediately implemented and monitored by the government.

- 5 7. That the government acknowledge that companies which knowingly inflict industrial diseases on their workers are guilty of criminally culpable conduct and that criminal sanctions ought to be pursued and imposed upon those who are responsible.
- 10 8. That all workers exposed to asbestos be given the following information on an annual basis:
  - government and company exposure data
  - scientific and technical information developed by company or government about asbestos, its effects, its controls
  - 15 - a copy of their own expurgated medical records
  - number of workers ill or dying from various asbestos-related diseases on a plant-by-plant basis
- 20 9. That a public review panel, including medical experts independent of government and companies, be established to review all medical histories of all claimants who have applied to the existing Workmen's Compensation Board for compensation of asbestos-related
- 25 diseases or deaths.
- 30 10. That workers not be used as involuntary experimental subjects in the testing of the workplace substances. The burden of proof is not with the workers, whose only evidence must be the sick, the dying and the dead. We recommend that a company be required to



5 MR. STEWART: (cont'd.) prove that a substance is  
safe before workers are exposed to it in the  
workplace. If human testing is required, the  
executive offices are the place for that  
testing. If Johns-Manville claims that two  
fibres per c.c. of asbestos is a safe level  
of exposure, then the workplace should be  
cleaned up and the excess dust piped into  
10 the executive offices until a level of two  
fibres per c.c. is reached.  
Government and industry researchers can then  
observe rates of illness and deaths amongst  
this experimental group in twenty years.

15 All of which is respectfully submitted.

DR. DUPRE: Thank you, indeed, Mr. Stewart.

20 This is a comment on myself. I think I probably  
should have told you that you need not have read so fully. This  
brief, which of course I assure you not has been read, but is  
teeming with information that has been of tremendous interest to  
us, and indeed we are just itching to get at some questions  
that arise from it.

I do want to compliment you and your colleagues  
very much on the quality of this presentation.

25 May I, Mr. Stewart, begin at the back of your  
brief. I am interested in recommendations four and nine, and  
simply wish to make sure that I understand your own approach  
to these recommendations at the moment.

30 As I read four and nine, these are recommendations,  
of course, that one could approach from the standpoint of what  
kind of long range reform is needed in the workers' compensation  
legislation, particularly insofar as the way that legislation  
handles industrial disease. On the other hand, and of course,





5 DR. DUPRE: (cont'd.) as you know, we will be  
getting into this in very considerable detail in phases three  
and four of our hearings...on the other hand, however, it is  
possible to read your recommendations in the following context,  
and I want to ask you if this is the context that you intended,  
namely, that pending whatever changes may take place in  
legislation, is it...do I read here an implication in recommendations  
10 four and nine that it might be advisable at this time or early  
on in the proceedings of this Commission, for the Commission  
to consider, for example, having a review of the cases of  
claimants who have applied to the existing Workmen's Compensation  
Board, particularly, for example, in instances where what is  
involved is the death of an asbestotic, to have some of these  
15 decisions reviewed? I am trying to situate the thrust of  
your recommendations in terms of where you feel we can be  
helpful.

MR. STEWART: Yes. I think that that would be  
helpful...the sooner, the better.

20 DR. DUPRE: Well, now, can you help us a little  
bit in terms of the problem here. As I understand it, part of  
the problem, at the very least, is somehow or other either the  
state of the art or the state of agreed-upon knowledge or the  
state of something about the nexus between asbestosis on the  
one hand and death that results, let us say, from heart failure  
or pneumonia on the other. Am I correct in identifying this as  
25 part of the problem?

MR. STEWART: Yes, we are having problems as  
far as employees dying of heart failure. The Workmen's  
Compensation position has been they merely died of heart  
failure. Of course, in our reading of medical physiology we  
have some understanding that the right heart has something to  
do with the pulmonary system, as Dr. Mustard well knows, and  
30 there isn't any doubt that the right heart failure, in our



5 MR. STEWART: (cont'd.) judgement, is attributable to the thickening of the lung membrane. At least that that is responsible for some of the right-heart failure that has happened at Johns-Manville.

10 DR. DUPRE: I'm going to hand you over to Dr. Mustard in a moment, Mr. Stewart, but before I do, would it... is it fair to ask you the following question: you are familiar, of course, with how the proceedings of this Commission have been organized. Can I take it that it might be useful for us to consider early on in our so-called phase two hearings when we will be hearing from experts, getting some expert testimony on the nexus between asbestosis on the one hand, and death from related or non-related causes on the other? Is this...

15 MR. STEWART: It's our intention to submit such evidence.

DR. DUPRE: Good.

I will now hand you over to Dr. Mustard for the time being.

20 DR. MUSTARD: You have pretty well answered my question, but it would be helpful if you could outline, for me at least, a little bit about the nature of the problem that you face in trying to establish this relationship in the claims to the Board. The heart failure issue, I think, is one which I would appreciate knowing a little bit more about the extent of it, and the sort of problems that you have had in trying to get acceptance of this relationship.

25 MR. STEWART: The problem, Dr. Mustard, has been that we did refer to medical people the heart problem in particular, we wanted some studies done to determine the relationship between the death due to heart disease and asbestos. It seems to me that the medical community was reluctant to become involved in the whole matter. They felt that they would

30



MR. STEWART: (cont'd.) be drawn into a controversy. That was our dilemma in trying to get people in the medical community to deal with the matter and prepared to tell us exactly where it's at. They were just reluctant to become involved.

The doctors that graciously came to one hearing we had on the Dodds case, although they were reluctant, they did attend and did give evidence. But it seems to me that doctors are very reluctant and resist very strenuously to appear and become involved in compensation cases.

I suppose the demand on their time and being involved in a controversy and have their colleagues take issue with the positions that they take...I don't know what the reason is, but that's been one of our dilemmas.

DR. MUSTARD: So it has been a question of being able to get expert witnesses to work with you on getting adequate definition of the problem?

MR. STEWART: That's right.

MS. BAIRD: I would like to add to that, Dr. Mustard. That certainly is the major part of the problem. The other part is...

DR. DUPRE: Excuse me. I think I should identify you to make sure the reporter has it right. It's Miss Wendy Baird from the ECWU.

MS. BAIRD: We have an Ontario Department of Health Occupational Health bulletin from 1970 which says that the commonest cause of death in Ontario workers with asbestosis is right-heart failure...the same as elsewhere. That's a quote, and I can give you a copy of the document if you would like it. But in the meantime, all heart-related deaths are just automatically turned down by the Compensation Board.

We have eighty-one deaths that we think should be investigated. Now, thirty-nine of them have been accepted by the Compensation Board, but there are a lot that have not



5 MS. BAIRD: (cont'd.) been, and we suspect that there are at least eleven deaths caused by heart failure out of those eighty or eighty-one, and another approximate twenty... now some of these figures will be pinned down more firmly for you by the time we submit our brief on the Compensation Board, but we would suspect there are about twenty or twenty-five that are very vague euphemisms for nonmalignant lung disease: chronic emphysema, chronic bronchitis, pneumonia, etc.

10 DR. MUSTARD: That helps. Thank you.

DR. DUPRE: Do you have any further questions, Dr. Mustard?

DR. MUSTARD: Not on this subject, no.

15 MR. STEWART: But Dr. Mustard, we are not only concerned with the death problem. We are also concerned with the workers who have varying degrees of disability. We are having some problem in getting adequate compensation for these people as well.

DR. MUSTARD: Yes, I note in your brief that's made very clear. I do have a question in another area.

20 DR. DUPRE: I wonder if for the moment perhaps if we have any questions to pursue in this particular area, on the nexus between asbestosis and death...Mr. Laskin?

MR. LASKIN: This is a followup...does that explain, Wendy, the difference between WCB statistics and the figure that you put forward?

25 MS. BAIRD: Yes. We have some cases which have been turned down by the Board which we still disagree with, namely a lot of the heart cases. We have other cases which in some instances have not been taken to the Board. I mean, sometimes it takes a year, two years, three years to fight these cases, and usually it's the widows who have to do it. So there are some cases that we have been...in fact have never been taken to the Board.

30





MR. LASKIN: So eighty-one doesn't represent a figure of applications to the Board...

MS. BAIRD: No.

MR. LASKIN: ...that have been rejected?

MS. BAIRD: No. But when I give you those statistics I will differentiate the different types.

DR. DUPRE: May I ask, is the eighty-one the number that is equal to the number of individuals who received disability pensions for asbestosis, but then on death were either granted or denied survivor benefits?

MS. BAIRD: Not completely. Some of them fall into that category. Others have never received compensation.

DR. DUPRE: I see. But presumably we'll be able to get at some of those numbers...?

MS. BAIRD: Yes. Maybe I can clarify by an example. There are some people that dies in the early sixties before people were really keeping track, and people have told me, well, so-and-so died, he always had a terrible problem with his lungs and he died of a heart attack, or he died of lung cancer. We think that some of those deaths should be looked into more specifically.

DR. DUPRE: Mmm-hmm. Well, of course, we will be pursuing this whole area with other presenters, especially this evening, but also at other times. But we are, I think it is fair to say, at this point, ourselves, quite interested in whatever light can be shed on the nexus between asbestosis and various causes of death.

When I say that we are interested in this, part of our interest...or mine, anyway...is an immediate and practical one in terms of whether there is any possibility here of shedding some light on this situation at a relatively early stage. Because, of course, as Mr. Stewart points out so well, Royal Commissions are indeed ponderous animals and that being the nature of the



DR. DUPRE: (cont'd.) beast, the whole question of having a sense of priority as to when to time reports is one that, of course, as I've said since the beginning, we are very open to.

MS. BAIRD: I might point out that we have mostly been dealing with compensation cases because those are the most complete records that we have. I understand that Dr. Finkelstein is doing a study into past workers at the Johns-Manville plant. I'm not sure what other plants he is covering in Ontario, but that there are more than five thousand people who have worked at this one plant alone, and how we get at the people that we've lost touch with...which are, you know, probably four thousand, forty-five hundred..is a question you might want to consider as well. Because all the data that I can give you is either from old compensation cases or by word of mouth, and that covers a very small percentage of the past employees.

DR. MUSTARD: Can I just follow on from that?

DR. DUPRE: Yes, if you please, Dr. Mustard.

DR. MUSTARD: Then if I go to your recommendation two, and it's also contained in a sense in the comments on twenty-six and twenty-seven about information, you would like to see established some form of central data system about people who have worked with asbestos, as I understand it, and you would also like that information to be available to the individuals who are affected by it? And I take it that in a sense, and you did have great difficulty in getting information from the Workmen's Compensation Board, and your recommendation is that this should be done under the auspices of the Ministry of Labour, this central information system to record these individuals should be put in place? I wonder what sense of urgency you felt about this recommendation. Do you think that this is something that needs to be done very quickly, or...?

MR. STEWART: Sure. We think that there are a



MR. STEWART: (cont'd.) lot of people out there that are at risk, and they probably are unaware of it. The sooner we find out about it, the better.

5 DR. MUSTARD: Have you discussed this with the ministry?

MR. STEWART: Yes, we have. We are working with the ministry in trying to track the people that worked and have left Johns-Manville many years ago. Letters have gone out and they have been requested to report for x-rays and medical  
10 examination of their chest, and so on, to see whether or not they are at risk.

Dr. Finkelstein, I'm sure, can tell you more about that. He is here today and I guess he will be addressing the Commission on Thursday, I understand.

15 DR. MUSTARD: Thank you.

DR. DUPRE: Do you wish to pursue another area now, Dr. Mustard? Dr. Uffen?

DR. UFFEN: In number three it's clear that a medical management section of the Ontario Ministry of Labour...do you have similar views about recommendation number two as to  
20 who should do the measuring, pretesting of substitutes?

MR. STEWART: Well, we believe someone who is independent of business or labour who would, who we have confidence in to do this sort of job. Now, we have kicked this around and it's our view that perhaps someone appointed by labour and someone appointed by business would get together and agree  
25 on the compensation of the group who would make these decisions, or be responsible for these decisions....the composition of the group that would be responsible for it.

DR. UFFEN: It needn't necessarily be the Ministry of Labour then?

30 MR. STEWART: No, no.

DR. UFFEN: Would it be preferable, from your





DR. UFFEN: (cont'd.) point of view that it be a government department or ministry, rather than some agency, for example, the ASTM, the American Society for Testing Materials, they are used in other walks?

MR. STEWART: Personally, I would be more comfortable with an agency outside of government consisting of labour and business representatives who would make the decision as to the composition of the group who was responsible for the supervision of this.

DR. UFFEN: Thank you, sir. That's clear.

DR. DUPRE: Do we have such an animal around at the moment? I mean, are you thinking perhaps of this as a possible role, let's say, for the embryonic Canadian Center on Occupational Health and Safety?

MR. STEWART: Well, I think that Professor Wyler is coming close to it when he is recommending that a policy group be established for the purpose of seeing to it that the Workmen's Compensation Act is administered in accordance with the spirit and intent of the legislation, a group that is composed of workers, consumers and other interested parties.

DR. DUPRE: I would like to switch into a quite different area if my colleagues would so permit.

Your own brief, of course, quite properly flags a matter that should be of general concern, namely, of course, the proliferation of chemicals in our economy, any of a number of which may turn up to have hazardous implications. Now as the Energy and Chemical Workers Union, it is probably fair to surmise that your membership in many ways is composed of individuals who are on the front line, so to speak, of exposure to potentially hazardous substances. We are looking at asbestos at the moment, because this is a Royal Commission on asbestos. Is there something that is really quite special about



DR. DUPRE: (cont'd.) this asbestos problem, or in your view are we really at this juncture a Commission that is involved in really a case study of what may be a much more general problem? How many other substances do you see, perhaps, out there potentially creating these problems...

MR. STEWART: Well, there are many substances...

DR. DUPRE: ...or are already creating problems in as acute a form as asbestos?

MR. STEWART: There are many substances that are dangerous, but asbestos is the most debillitating, dangerous material that I've ever experienced. The evidence is out there, the number of people who have died, the number of people who are disabled. It's a tragedy. I've never seen anything like it before. That's one of the motivating factors that, of course, brought on the Royal Commission and that's why we are here. That problem simply has to be addressed and eliminated.

DR. DUPRE: Has your union in its experience at this stage had instances in which it has taken forward claims to the WCB that were related to disease incurred from exposure to other hazardous substances?

MR. STEWART: Other chemical substances?

DR. DUPRE: Yes.

MR. STEWART: Oh, yes. Certainly.

DR. DUPRE: Have you found insofar as those substances were concerned that your problems vis a vis either the ministry or the WCB were the same as, or different from the problems that you have been experiencing in the domain of asbestos?

MR. STEWART: There is no question that asbestos is the most serious, the worst problem that I've witnessed yet.

DR. DUPRE: But in terms of the numbers, I'll take that as stipulated, in terms of the number of cases?

MR. STEWART: Well, in terms of the numbers and



5 MR. STEWART: (cont'd.) in terms of problems with the WCB, in terms of problems with the corporation, in terms of problems with the government, asbestos outranks any other toxic substance.

10 DR. DUPRE: Now, let's take a problem as a for instance. Is the problem, for example, that arises in terms of the nexus between asbestosis on the one hand and that, let us say, from heart failure on the other, is this a problem that you have experienced in the cases of industrial diseases that were contracted from any other kinds of hazardous substances yielding a situation where if a worker was put on a partial disability pension, subsequently died of a cause and then was denied survivor benefits? Have you had this problem with any other...

15 MR. STEWART: With other...not anywhere near...as a matter of fact, I can't recall one offhand.

DR. DUPRE: I see. That's very useful. So there is something that is quite particularly related to asbestos...

20 MR. STEWART: We are, Mr. Chairman, running into other problems with chemical materials. We are running into problems, genetic problems and that whole area is being explored where workers have been exposed to toxic materials and it hasn't manifested itself on the individual, but it has, we believe, impacted on the children of the individual. This whole area is being explored.

25 Now, I'm not saying that we don't have problems with benzene, I'm not saying that we don't have problems with the other materials. We do. But it doesn't compare to the asbestos problem. Those problems are serious and we must be mindful that there are serious problems out there with other chemical substances.

30 DR. DUPRE: Dr. Mustard?

DR. MUSTARD: Can I take a tangent off this





DR. MUSTARD: (cont'd.) particular area? It's a question we were discussing this morning and you are probably in as good a position as any group to comment on it.

5 If you are moving to the use of substitutes and your recommendation is that if new things are being introduced, they should be screened before they are put in, and assuming an acceptable procedure can be put in place, as a union group how do you think you can best ensure that all new substances  
10 introduced into the workplace are properly screened before they are put in? And let me sort of go through the kind of problem I see. All new chemicals, or new substances, I guess new chemicals at least, have to be registered with the government if they are introduced. But there is no clear way I can see how that information can be transmitted down quickly to the  
15 workplace.

Really, my question is then, joint committees in the workplace, it would seem to me, are in a position to do a very key job here because they are in a position to be informed if a new substance is being introduced, and presumably they are in a position to also have full disclosure about whether  
20 the substance has been adequately screened in terms of its potential toxicity in the system. I say they are in a position to be, but one has to ensure that they are going to be informed. In a sense, that would seem to me to be a very powerful control for the future, but it has a couple of important points. One  
25 of them was made by Miss Jolley this morning. It would mean that the joint committee must have full access to the relevant information, and secondly, they must have full disclosure of the new material that is being introduced.

My question is, I understand that in some organizations that this is in place, that there may be a few  
30 companies where in effect there is a formal process for introducing to the joint management/labour teams information





DR. MUSTARD: (cont'd.) about what is being introduced, etc., etc., that goes with that. A - is this a feasible approach, and B - do you know of industries in which this is being done in Ontario at the present moment, in terms of your own union?

MR. STEWART: There are not too many. The corporate attitude seems to be that 'we'll decide what is safe and unsafe as far as our workers are concerned'. But what we would like to see is a proper screening where labour had some input, where labour was provided with the scientific data, where labour could make representations concerning that data before the actual substance was introduced to the workplace. That way we could head off dangerous materials at the pass, not wait until it was introduced and then have subsequent problems and appear before Royal Commissions to get the stuff out of the workplace. We should stop it right at the very beginning, so we should be involved very closely with the screening process and that data should be made available to us.

Of course, then we can bring in people from the scientific community that we have confidence in to advise us as to whether or not the material is appropriate for introduction into the workplace.

DR. MUSTARD: Supposing that all this machinery is in place in one form or another, I guess the ultimate test is still that if a new substance is being introduced into the workplace the information has to be transmitted to the work force?

MR. STEWART: Sure.

DR. MUSTARD: I guess my question is, I take it that there are some organizations that are now doing that, is that right? Or are there any?

MR. STEWART: I believe that that's probably true, and it may be in some cases with our union where we have a healthy relationship in the occupational health and safety field



MR. STEWART: (cont'd.) where management does share that sort of information with the union before the substance is actually introduced into the workplace...but that's not universal. By no means.

DR. MUSTARD: Thank you.

DR. DUPRE: Just to pursue the area that Dr. Mustard was chatting with you about, your brief makes a number of observations about labour/management relations at the Johns-Manville plant in Scarborough from a historical perspective. Would you care to comment at all on the experience under the legislation as it has been since 1978, particularly in the domain of how the management/worker health and safety committees have worked?

MR. STEWART: Well, 1978...of course, our experience with Johns-Manville goes back quite some time, and it hasn't been a good experience. As late as 1973, I can recall when the York County respiratory diseases group, or whatever they call themselves, had a seminar at the University of Toronto, and Dr. Selikoff was there to present his scientific findings to this particular meeting, and the company were distributing material playing down the dangers of asbestos, saying that the body's own cleansing mechanism took care of all of this stuff that you breathed into the lung. And this was as late as 1973, where this was being done.

Reading some of the briefs, the Quebec Mining Association brief talks about smoking, but the company hasn't implemented a policy of hiring only people who don't smoke.

DR. DUPRE: The company has, did you say, or has not?

MR. STEWART: No, they haven't. They have implemented some program trying to curb smoking during working hours at the plant, but that's no solution to the problem. If they honestly believe, and they state so in their brief,



MR. STEWART: (cont'd.) that smoking and exposure to asbestos is very, very dangerous, then why don't they implement a policy of hiring only people who don't smoke, instead of trying to implement some sort of a nonsmoking program during working hours?

We all know that you can't police this sort of activity. Employees will sneak around and smoke, and then they are going to smoke when they go home and they are going to smoke on their way to work in the morning, and so on. It just doesn't lend itself to being policed.

What we've got to do is make it safe for the smoker and nonsmoker.

DR. DUPRE: So I take it...and now I'm going back to...

MR. STEWART: Now, since 1978, I can't really comment on that because our whole attitude towards health and safety with Johns-Manville has been colored by what has gone on over the years where they didn't share the information, where the company doctor was aware of people having respiratory disease and not advising them, and so on. It's just a tragedy that this was allowed to go on for so long.

DR. DUPRE: I guess the reason, and I don't want to over dwell on it, why I am interested in the experience since 1978, is that of course the purpose of this Commission is to make recommendations to government that will involve, among other things, legislative change.

Now, we certainly are interested in getting views on how the labour/management committees are working under the new Act, you know, at one stage of the game or another, because if everything is just fine, of course, there is no point in our making any changes, any recommendations to change...

MR. STEWART: Perhaps my colleagues from Johns-Manville might be able to inform you as to the situation since 1978.





MR. MONTGOMERY: Well...Jim Montgomery.

DR. DUPRE: Mr. Montgomery.

5 MR. MONTGOMERY: There is no doubt since 1978  
there has been some changes made between the company and the  
union because of the pressure that's been put on by different  
parties.

10 As far as the relationship in regards to working  
conditions go, they have picked up considerably because of the  
pressure. Addressing ourselves to the asbestos problem, as  
you know, the asbestos plant has been shut down and we don't  
have that problem as such. I don't know what the company is  
foreseeing in the future. I know really that the, insofar  
as working conditions right now are concerned in the other  
15 part of the plant, there sometimes you have to get after them  
to keep up in regards to the Bill 70 and other conditions.  
This is an ongoing problem that you do have with the company.  
You have to keep referring to Bill 70...as a matter of fact,  
as much as last week we threatened to proclaim the Bill 70 Act  
on them for different acts that they were doing in regards to  
health and safety.

20 I think there are some in the location that are  
trying to do a job, but there are people in the lower ranks  
that are abusing it. This is the same problem we were having  
ten, fifteen years ago, that certain individuals throughout  
the organization simply didn't care because of the production  
25 procedures and all the rest of it, and this had seniority  
over health and safety. This was the problem we had as long  
as I've been at Johns-Manville.

That's about all I can comment on that right  
now, Mr. Chairman.

30 MR. STEWART: I'm just wondering, Mr. Chairman...

DR. DUPRE: That's very helpful.

MR. STEWART: ...the company are currently tearing



MR. STEWART: (cont'd.) out the machinery, the asbestos pipe machinery, to transport it somewhere else. Maybe Mr. Donaghy or Mr. Montgomery might enlighten the Board as to how they are going about that.

MR. MONTGOMERY: Well, here again, starting at the middle of November, they started dismantling the one section of the transite pipe section down, and the regard to how it was going to be done was damn disgraceful, quite frankly. There was no precautions taken in regards to the people who were going to dismantle the equipment. I am talking about the dust systems and the machinery itself.

Now, I approached the people that were doing the dismantling and asked them if they were aware of what the problem was, what they were handling and everything else, and they said, yeah, they had been advised. But not one of them, through the times that I took tours through that plant, had any kind of respirators on or any protective gear on whatsoever.

I phoned the ministry...I believe it was a week later...and I was complaining about the dust and have yet to see anybody from the ministry in there. Now they said they were in there, but I've never seen them in there.

This was despicable the way that that went on with regards to the whole asbestos problem and how it was going to be dismantled. It was just cut down and dropped on the floor, the dust system with five, six inches of asbestos in it, was just allowed to pile up on the floor and these people worked in it.

We did complain to the company, they did go after the people who were dismantling, and they advised them they had to be washed. This was being done after the stuff was literally dropped from the ceiling.

There was some concern about it being taken off the premises. I raised objections with the company union/



5 MR. MONTGOMERY: (cont'd.) management meeting because I thought it was despicable the way they handled that whole operation and that the next phase of the operation don't be handled the same way as what that first...they said they were going to look into it. That's as far as it went.

DR. DUPRE: Everything that you have described here is under the current Bill 70 legislation?

MR. MONTGOMERY: Mmm-hmm.

10 MS. BAIRD: Yes. This was two months ago.

DR. DUPRE: Right. Right.

15 MS. BAIRD: You may also be interested, Mr. Dupre, these were...I believe I'm right in saying that it was an American removal company who came in and subcontracted to the Canadian company, so they were probably using millwright and iron workers hired through a hiring hall.

DR. DUPRE: All right.

Mr. Laskin?

20 MR. LASKIN: Can I just ask a followup on that? Has anybody at your plant ever invoked the refusal-to-work provisions of the statute?

MR. STEWART: Not yet, no. We came close, but we've never...

25 MR. LASKIN: What about, apart from the statute, have any of these health and safety matters, protective devices, medical examinations and the like, have they ever been reduced to the collective agreement? Have they ever been made part of the collective bargaining process?

MR. MONTGOMERY: We have tried to introduce some of them into the agreement.

MR. LASKIN: With what success?

30 MR. MONTGOMERY: Well, very little success in some cases.

MR. LASKIN: I mean, for example, you've got...you



MR. LASKIN: (cont'd.) refer, I think, at some page in your brief where after six months you lose all seniority rights or you are cut off and so on. Is that part of the collective agreement?

MR. MONTGOMERY: Yes. That's not seniority, that's benefits.

MR. LASKIN: Benefits?

MR. MONTGOMERY: Right. After one year you must show that you are in a state of rehabilitation, and if not, then you are severed from seniority.

MR. LASKIN: Where do you look for that? Is that policy, legislation, part of the agreement?

MR. MONTGOMERY: That's part of the agreement.

MR. LASKIN: That's been negotiated. Part of the current collective agreement?

MR. MONTGOMERY: That's right.

MR. LASKIN: What about medical examinations and the requirements for those? Are they in the collective agreement?

MR. MONTGOMERY: No, as Mr. Stewart pointed out, we have had recommendations in considerable times during negotiations and for one reason or another they always get blown out during negotiations.

MR. STEWART: I have been personally involved in the collective bargaining process, and I might say that Johns-Manville is not receptive to that type of a proposal. We have submitted a variety of proposals dealing with the whole area of occupational health and safety and compensation, and so on. They simply wouldn't respond to them in a positive way, and there has been a history of many strikes at the plant and that shows you the determination of the company in resisting improvements and changes in these areas.

MR. MONTGOMERY: I just might add that up until last week we had an individual go out on rehab that has been with





5 MR. MONTGOMERY: (cont'd.) the company thirty-one years. He is forty-eight years of age and he will walk out of there with about fifty dollars a month pension because he suffers at four percent a year for every year under sixty-five with the company's pension plan. This is the sort of stuff we have to try and fight with during negotiations.

10 MR. LASKIN: Can I just ask you one related matter on information. In respect of medical information and tests, can you describe to me what the current situation is? Let's take a worker who is already at Johns-Manville, one of your members, what kind of medical testing does he get, from whom and what information does he get?

15 MR. MONTGOMERY: The testing we do get comes from the ministry. That's the x-rays. Anybody over fifteen years gets two x-rays a year, and a pulmonary function test every two years. That's the extent of it.

MR. LASKIN: Do you get copies of all of those reports if you want them?

20 MR. MONTGOMERY: No. As a matter of fact, I was informed last week by the company doctor in a letter of January 29th, the results from my sputum test, stated that I was normal. On December 30th, I got another one stating that I had a mild atypia.....from the same doctor on the following day.

25 This is the sort of stuff we say when we talk about credibility, is how can they make a mistake on my sputum simply from one day to the next. I mean, am I being told I am normal, or am I told I've got mild atypia....or have I got something else here that he don't want to tell me?

MR. LASKIN: So you don't get the report?  
You get some summary statement back?

MR. MONTGOMERY: A standard copy of the letter.

30 MS. BAIRD: It's a standard form that's one version for smokers and one version for nonsmokers. There are six



MS. BAIRD: (cont'd.) little squares ranging from you are all clear to you positively have cancer. If you like, I can give you a copy of the form. I have one.

MR. LASKIN: Is there some recommendation that's contained in it as to what you should or shouldn't do?

MS. BAIRD: Yes. You should contact your family doctor if you have any questions.

MR. LASKIN: Does your family doctor then have access to these reports?

MR. MONTGOMERY: He is supposed to have copies from the x-rays if you request it. Not from your sputum though, just from your x-rays.

MR. STEWART: That took many years to get that information. At one time the company wouldn't share any information, and neither would the ministry. And we prevailed upon the ministry months and years to at least advise the worker that he is at risk, that he has signs of asbestos respiratory disease, and I think it was around 1974, 1975 that the ministry then did agree that they would send the information to the employee's personal physician and his personal physician would contact him and advise him of the problem. But the company didn't share that information with the individual.

Of course, the other thing that we asked the company for, and the ministry, was the...we wanted to know what the magnitude of the problem was. If there was only one person who was in trouble, then we would view that one way. But if we found that there were dozens of people, then we have a very serious problem on our hands. But the information wasn't shared with the union or the individual, and finally the ministry relented and advised the worker's personal physician that he had a problem.

DR. MUSTARD: Is this the Ministry of Health or the Ministry of Labour?



DR. MUSTARD: Thank you.

MR. STEWART: It's now Occupational Health and Safety Branch.

5 MR. LASKIN: Do you have any views on...I'm sorry, I didn't mean to interrupt...but do you have any views on the medical testing and provisions of the proposed regulations?

10 MR. MONTGOMERY: I have, to be quite honest with you. I was told a year ago that I had a change in my x-rays, and I was advised to go and see my family doctor. I was sent off to a specialist and I feel that the warning that the ministry sends out as far as your sputum and all the rest of it is far inadequate. That they...

MR. LASKIN: Inadequate?

15 MR. MONTGOMERY: Yes. That the machines that they have in these hospitals and that for pulmonary function tests where you are fed different gases and whatnot are far better than what the ministry has to offer. There should be a possibility of looking into these aspects of sending these individuals to these stations...I went to Centenary Hospital to have mine done, the pulmonary tests, and it's far more

20 adequate than simply blowing into a tube in some office.

MS. BAIRD: As far as I know, they have two portable machines, portable units that come to plant for their six-monthly checks. They have x-rays and forced expiratory volume, and there's a body of medical opinion that considers

25 that those two things are the least sensitive diagnostic tools.

The only time they get blood gases and more sophisticated, finer testing is if they are actually going through all the tests for compensation. There is no screening mechanism, no effective screening mechanism for, you know, the several hundred workers that get the tests done every six

30 months.





DR. UFFEN: Was there any air monitoring underway and was it in effect during the removal of the...recent removal of the asbestos machinery.

MR. MONTGOMERY: No. no, There wasn't.

DR. UFFEN: There is no routine air monitoring?

MR. MONTGOMERY: No.

MS. BAIRD: As a matter of fact, I was there the day that happened and they...we called the ministry to see if we could get them in and they just didn't respond.

If I may make a point about the air monitoring... after a long battle the union got the results of monitoring done prior to 1970 where more than half the results were over the TLV at the time. Stephen Lewis tabled in the legislature in 1975, I believe, he tabled 1973 and 1974 results where there were many violations, but no charges have ever been laid. So, I mean, so there wasn't monitoring. It has never made any difference in the past in that plant anyway.

DR. UFFEN: We haven't any way of knowing then whether there was a substantial change or not in the dust levels during the removal of the equipment? No independent measurements?

MR. MONTGOMERY: It took them about...oh, I would say roughly around about six to eight weeks to remove this machinery right down to the bare plant, and there was no monitoring done whatsoever during that period of time.

I believe the last monitoring was done in there prior to that building and I believe in around February or March of that year.

DR. UFFEN: Did I understand you to say earlier on...did I understand you correctly...that there was a substantial increase, in your opinion? It wasn't measured, but that during the removal of the equipment that the workers were exposed to a substantial increase?

MR. MONTGOMERY: No.



DR. UFFEN: No?

MR. MONTGOMERY: No. No, I said...what I said was that prior to the shutdown the last TLV's that were taken was back in, I believe it was February or March of that year, and there hasn't been any done right up until the point of time where they had dismantled the equipment.

DR. DUPRE: Further questions? Mr. Laskin?

MR. LASKIN: Just...how many employees are there in your local right now?

MR. MONTGOMERY: Roughly around about two hundred and thirty.

MR. LASKIN: Two hundred and thirty?

MR. MONTGOMERY: Yes.

MR. LASKIN: Has it been...is that a declining number?

MR. MONTGOMERY: Well, when they shut the transite pipe plant down, section down, that cut us in half. We used to have somewhere in the vicinity of four hundred and eighty, four hundred and ninety. But the closing of the transite pipe, that literally cut us in half.

DR. DUPRE: I have no further questions. May I, however, please thank you Miss Baird, Mr. Stewart, gentlemen, most warmly for your attendance here this afternoon.

MR. STEWART: Thank you, Mr. Chairman.

DR. DUPRE: I shall now call a ten minute coffee break.

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THE PROCEEDINGS RESUMED

DR. DUPRE: May we please resume. I would like the presenters to come forward. I believe it's Mr. Bill Howes from the Communication Workers of Canada, with Mr. Cwitco who is back again, having just joined...or being about to join the CWA effective, I believe, in March. Is that correct?



MR. CWITCO: Yes.

DR. DUPRE: Before I invite you to address us, Mr. Howes, might I make two announcements?

(REPORTER'S NOTE: At this time the Chairman made two announcements having no bearing on the record of the proceedings.)

DR. DUPRE: Well, may I now officially welcome Mr. Howes as the national representative of the Communications Workers of Canada, Ontario Region. Mr. Howes.

MR. HOWES: Thank you, Mr. Chairman.

Mr. Chairman and Commissioners, our union represents some fifteen thousand members in the province of Ontario, most of whom are engaged in work in the telephone industry, the major employers being Bell Canada, Northern Telecom and Northern Telephones, in this province.

Our concern and the reason for our submitting the brief to you was that many of our members are exposed to asbestos in the regular course of their duties. Jobs such as telephone equipment installers with Northern Telecom are required to work in telephone offices, telephone central offices throughout the province; business installers...that is, those members who install business telephones...of course, enter virtually every building in the province which is used for commercial or industrial purposes; central office technicians, these are the people who maintain the guts of a telephone system, are responsible for community dial offices throughout the province and this problem that they encounter has been addressed in our brief. Telephone operators, for example, some five hundred who work at 50 Eglinton Avenue East here in Toronto, are exposed to asbestos because most of the buildings in which they work were manufactured in an era when asbestos was used for insulation purposes, quite widely. Telephone operators in 50 Eglinton Avenue East were evacuated this summer for some





MR. HOWES: (contd.) three months while the building was cleaned of asbestos.

5 I won't go into our brief in detail, but I would like to reiterate some of the points that we ask in terms of recommendations from the Commission.

We are asking that an inspection be ordered of all industrial and commercial buildings, including those owned and utilized by Bell Canada, to determine the asbestos levels, in those buildings in which our members are required to work.

10 Secondly, we would like to see an order with respect to documenting past exposure to asbestos, exposure that our members have experienced to date. As an example, the five hundred-odd employees who worked in Eglinton Avenue, and we would request the monitoring of their health as it may relate to asbestos exposure...on a regular basis.

15 We are asking that consideration be given to legislating an obligation on employers to notify employees as they enter premises where there may be potential health hazards, to notify them of the hazards that they may face.

20 We have also made recommendations in our brief with respect to their right to refuse. We believe that that is an inherent part of recommendations in that area.

Fourth, we recommend that employers be required to provide adequate protective clothing, including respirators, to all employees who may be exposed to asbestos in the course of their duties.

25 As an example, we have members who would install the telephones in the Johns-Manville plant; we would have members who install telephones in virtually every industrial enterprise in this province. Very often they are totally unaware of the hazards that they face and very often these hazards are not highlighted to them as they go into work in areas. As an  
30 example, again, and this is not particularly related to the





MR. HOWES: (cont'd.) asbestos problem, but there are many potential dangers associated with working in petrochemical plants. Our members are often required to work in areas that contain very high hazards, and yet are not...there is no legislation requiring the owner or the operator of that industrial establishment to highlight these hazards and to avert some disaster which is only due to happen any time.

Finally, I would like to mention to the Commission that our union concurs with the recommendations contained in the brief that was submitted by the Ontario Federation of Labour and which I understand was on the agenda this morning.

Just a footnote: In our brief I mentioned that there were a number of community dial offices maintained by Bell Canada throughout the province. There are some thirty-three listed in our brief, all of which contain exposed asbestos and I have been advised by some of our staff people there are at least another four that have been highlighted to them. They are in the areas of Crediton, Hensall, Thorndale and Dorchester. So that brings the total of known locations to thirty-seven.

DR. DUPRE: The names you have just given, if I may just interrupt, are to be added to the sites that are in attachment one to the brief?

MR. HOWES: That's correct.

DR. DUPRE: Could you please just repeat them, Mr. Howe?

MR. HOWES: Sure. Crediton...

DR. DUPRE: The first one again?

MR. HOWES: Crediton, C R E D I T O N.

DR. DUPRE: Thank you.

MR. HOWES: Hensall, H E N S A L L. Thorndale and Dorchester.

DR. DUPRE: Thank you. I didn't mean to interrupt your presentation if you had any other points.



MR. HOWES: No, that's fine. Those are all the points that I wish to raise with you.

DR. DUPRE: Well, I appreciate your brief, Mr. Howes, as I do your all capsulation.

May I just start by asking a question that plumbs the depths of ignorance of someone who, however professionally, knows that in this country he has to be aware of the difficulties of divided jurisdiction as Dr. Cory, Dr. Uffen's colleague, called them so many years ago...insofar as you are the bargaining agent for the employees of Bell and Northern Telecom, you are so recognized under the Canada Labour Relations Act rather than the Ontario Labour Relations Act, is that correct?

MR. HOWES: That's correct, yes.

DR. DUPRE: Now, may I ask at this point the following question. Does Bill 70, the 1978 Ontario Occupational Health and Safety legislation, govern with respect to labour/management relations that are under the Canada Labour Relations Act?

MR. HOWES: One moment please.

Yes, we ran into this jurisdictional question when we encountered this problem in Eglinton. Neither the provincial nor the federal group wished to delve into it. Consequently, the monitoring was done by an independent body, Ontario Research Foundation.

The employees are not per se covered under Bill 70. We come under part four of the Canada Labour Code. However, the buildings in which they work, I understand, are responsibility of the provincial jurisdiction and therefore Bill 70 would come into play to an extent.

MR. CWITCO: An additional problem is, when our members go into provincial jurisdiction workplaces, for example if they went to install or rip out a phone in Johns-Manville, Johns-Manville is covered in the provincial



5 MR. CWITCO: (cont'd.) jurisdiction, our member has his or her health and safety rights under federal legislation, everyone around him or her would be covered by provincial legislation, and the building itself and the requirements of the building would be covered by provincial legislation, the duties on owners and employers within the provincial jurisdiction.

10 DR. DUPRE: I thank you for that. I had the feeling that would be correct and you have confirmed my suspicion.

But now if I may just pursue the federal/provincial tangle for the moment...

MR. HOWES: The whole country is doing that.

15 DR. DUPRE Yes. I've been doing it for about twenty-five years.

Do you have in Bell and in Northern Telecom labour/management health and safety committees?

MR. HOWES: No, we don't. We come under part four of the Canada Labour Code...

20 DR. DUPRE: Which does not provide for such committees?

MR. HOWES: The minister may require health and safety committees. We have asked the minister to do that. Up to this point not health and safety committees have been established...no joint health and safety committees have been established.

25 DR. DUPRE: So I guess that this must be a situation where the Ontario legislation is somewhat, shall we say, more advanced than the federal?

MR. HOWES: In some ways, yes.

30 DR. DUPRE: Now, can I pose this question to you: The points in your brief are well presented. I think that they are well taken and I believe I understand them. However, when





5 DR. DUPRE: (cont'd.) in particular you raise questions concerning, for instance, the asbestos hazard in the Ontario, the Ontario Community Dial Offices, in terms of that proverbial, you know, Canadian elephant, is he a federal or provincial responsibility? What am I looking at here? Am I looking, when I'm looking at the asbestos hazard in the CDO, at something for which a remedy could be found, for example, by recommending either some legislative changes or some administrative actions that Ontario could take? Or are the CDO's basically, 10 insofar as members of your union who are under the Canada Labour Code, really a federal premise?

MR. HOWES: As I understand Bill 70, the jurisdiction over the building itself remains with the province. If an employee were to refuse to, attempt to refuse to work, he or she would have to do so under part four of the Canada Labour 15 Code. But the building standards will say, speaking very loosely, are responsibility of the province, as I understand it.

DR. DUPRE: Okay. Dr. Uffen is asking, exclusive of federal building?

MR. CWITCO: Yeah. It's our belief, for example, 20 that if Bell rents space in a building in this province, that even though the people who work for Bell are covered by part four of the Canada Labour Code, if this Commission were to recommend, for example, all buildings in this province remove asbestos, the owner of that building, as an owner of a building in a provincial jurisdiction, would have to comply with that 25 legislation. Buildings that would be owned by the federal government or by federal jurisdiction corporations would not, presumably, be covered.

DR. DUPRE: I see. So a building owned by Bell would not be covered, but a building rented by Bell would be?

MR. CWITCO: That's our understanding of the 30 peculiarities of the division, although we could be wrong.



MR. CWITCO: (cont'd.) Neither Bill nor myself are constitutional lawyers and it's going to be, I suspect, one of the less pressing things in the current constitutional debate about who owns which building, but...

DR. DUPRE: I just want to understand what I'm looking at. I notice my learned counsel wrinkling his learned forehead.

Counsel, do you have any questions you wish to pursue in this area?

MR. LASKIN: No, I don't have any, Mr. Chairman, although I don't...it seems to me...and I'm no constitutional expert either...but it seems to me that there is some argument that even federal buildings, as long as they are not being sterilized...as Bell's buildings that it owns...may have to comply with provincial regulatory laws...as long as you don't sterilize the whole operation.

I don't know...I really don't know...

MR. CWITCO: I would certainly yield to that opinion and find it preferable.

MR. LASKIN: It's a tough issue.

DR. DUPRE: We can pursue that with the provincial authorities when they show up.

MR. HOWES: If I may point out, it's the provincial Workmen's Compensation Board that inherits the problems created by asbestos in these buildings whether the buildings come under federal or provincial jurisdiction.

DR. DUPRE: Oh, yes. Because the coverage there, if I understand...counsel, am I correct?...the coverage applies to federal employees as well as provincial...WCB coverage? Yes.

DR. MUSTARD: May I just pick this up then. Does Northern Telecom come under provincial or federal labour legislation for this purpose?

MR. HOWEST: Well, one almost has to follow current



5 MR. HOWES: (cont'd.) court cases to determine that. We generally apply for Northern Telecom employees under the federal jurisdiction. If we do, then Northern argues they come under provincial jurisdiction. If we apply under provincial jurisdiction, they argue the opposite.

There was a recent Supreme Court case dealing with that jurisdictional problem.

10 DR. MUSTARD: I was wondering, in the example you give on page four of your brief, about the fibre counts for these people, if this doesn't make it very difficult to get any kind of easy guideline or regulation for these workers, because one is playing from one jurisdiction to another. It must make it pretty ambiguous. Is that a problem in terms of the standards that the workers should be exposed to? Because you point out here that they were caught with a higher  
15 fibre level than Ontario was allowing, and you had to try and get resolution of it. It was not very easy with the company.

20 MR. HOWES: No, it's not very easy. We take the position, though, that we don't believe that either the provincial or the federal standards are adequate. However, the problem that came to light this summer in Eglinton Avenue, the company took great pains to point out that the levels supposedly met the provincial standards, which are, of course, tougher than the federal standards. So that they recognize that there is a jurisdictional problem there as well.

25 But it does present somewhat of a problem determining which standard should apply, I suppose.

30 DR. DUPRE: Mr. Howes, can you help us just a little bit...perhaps you can't now...but just could inform us later...but can you help us a little bit with the Eglinton Street building as a case study? I assume that there was a major removal, asbestos removal operation involved?

MR. HOWES: That's right.





DR. DUPRE: Of course, they closed the building down to protect the Bell workers while the work was going on.

Are you, by any chance, at all informed as to how the removal operation proceeded, whether unionized labour was involved in the removal operation, under what safety standards the removal operation was carried out?

MR. HOWES: No, I can't really answer with any authority on any of those questions, frankly.

DR. DUPRE: But presumably we might be able to find that out on our own.

MR. HOWES: Yes.

DR. DUPRE: The contractor, of course, would have been contracted by Bell, or was this building owned...was this building only rented by Bell?

MR. HOWES: I believe it was owned by Bell, and I know that Bell hired the contractor.

DR. DUPRE: Dr. Uffen?

DR. UFFEN: You mention the Northern Telecommunications Company technical study in 1977. Is there a very clear, specific description of it available that would allow us to recognize it or request it? This is just a little bit vague at the moment, but is there a more...authorship or some way that we can identify this?

MR. HOWES: I don't have details, but I would be happy to try to provide it to the Commission.

DR. MUSTARD: Mr. Chairman, can I pursue this a bit further?

DR. DUPRE: If you please, Dr. Mustard.

DR. MUSTARD: It's my understanding that the draft regulations in the province of Ontario for designated substances require records to be kept of people exposed to designated substances. You point out here that members of your





5 DR. MUSTARD: (cont'd.) work force are exposed to asbestos, but nobody keeps records of them. Are we going to be in a bit of a problem down the road that we will have provincial legislation on asbestos which will require record keeping, but because you are under the federal government the members of your work force will not be covered?

10 MR. HOWES: Yes, that may very well become a problem. We asked at the time that the incident took place at Eglinton, we asked the company to make notations on...first of all make notations on the health records of all of the employees who had worked in that building for any period of time. We also asked that they be submitted to health examinations, and Bell has refused to do both.

15 DR. MUSTARD: I see.

20 DR. UFFEN: Would you be in a position to explain to me a little bit about the place of the civilian employee of the Department of National Defence? My recollection is that there is a lot of telecommunications equipment. Would those people be members of your union, and under whose jurisdiction would they fall?

25 MR. HOWES: They are not members of our union. I would assume they would come under the Public Service Staff Relations Act, which is federal legislation for provincial civil...federal civil servants.

30 MR. CWITCO: There are a specific set of regulations called the Treasury Board Regulations which govern health and safety for those people, which are different from part four of the Canada Labour Code and from Bill 70 or any provincial jurisdiction.

Health and safety for those people is a non-negotiable item. It's reserved as a management right and the federal government does not negotiate health and safety with its employees.



DR. UFFEN: If you wanted to raise that question would you negotiate with the Treasury Board...

5 MR. CWITCO: You couldn't negotiate with the Treasury Board. It's prohibited to negotiate that issue, by legislation.

10 DR. DUPRE: Mr. Howes, could I make sure that I got the thrust of an answer you gave to Dr. Mustard a couple of moments ago? Did I understand you to say that employees who are under the Canada Labour Code do not come under any federal programs of medical examinations, even when it's known that they may be...or suspected that they may be working with hazard substances? Did I?

15 MR. HOWES: Not that I'm aware of, but I would like to ask Gary to comment on that, if he would.

MR. CWITCO: There is a regulation under the, part four of the Canada Labour Code called the Toxic Substances Regulation.

DR. DUPRE: Okay.

20 MR. CWITCO: To the best of my knowledge, that regulation does not require any kind of medical testing. But I would want to check it before I gave a definitive answer.

DR. DUPRE: Okay.

MR. CWITCO: But my recollection...and maybe someone can help me...there is no medical testing required under that for any substance.

25 DR. DUPRE: I see. Okay.

Dr. Mustard?

30 DR. MUSTARD: Can I pursue this federal/provincial problem a bit further? One of the things in your brief is your workers have to go into buildings and sometimes will have to go into spaces between floors in their wiring work, and many of those areas are sprayed with asbestos. Is the worker told when he goes into that if there is asbestos, and does someone give



DR. MUSTARD: (cont'd.) him some guidance as to whether there is a hazard from friable asbestos in that area? And if so, is he given protective equipment?

5 MR. HOWES: No. He is not told that he is entering an area that may contain an asbestos hazard. As far as protective equipment, as I understand it the only thing that is provided is a normal frock coat that would be used in any area that contained any innocuous dust. There is nothing...no special protective equipment provided to employees who have  
10 to work in this type of an atmosphere.

MR. CWITCO: A piece of colloquial evidence... in my first event as a future employee of the CWC, a number of our members came to me and said, you know, a lot of times when we go into industrial operations the employer in that operation, before they will allow us on the premises, will  
15 require us to sign a document that says we have read and understood all of the safety rules that that company has, and there will be a book that's yea thick and we won't have read it, and we called the office and Bell says for us to sign it, not to worry, it doesn't affect our right to compensation...and  
20 we don't know what to do because, you know, we feel like a complete ass if we refuse to go in, and we don't know what we have to do when we go in. All we may have to do is change a light on a button phone. Or we may be spending a whole lot of time crawling, looking for a problem in the wires, and we feel like an ass saying we refuse to go in until we have had  
25 explained to us all of the hazards of this workplace because we don't know how long or what the job that's going to be required necessarily is, and yet the employer is telling us to sign because it won't affect our right to compensation.

I don't know how widespread that problem is. A couple of people....and my first event, as I say, I  
30 participated in a CWC event...raised that particular issue with





MR. CWITCO: (cot'd.) me as a problem that they face. I don't know what the answer is.

5 DR. MUSTARD: But there are going to be workers going into those spaces, looking after wires, that are not caught as employees of Bell. They may be employees, I suppose, of electrical organizations. That will be in the same area, and they then presumably will come under whatever legislation the province sets forth for workers in such areas. Is that correct?

10 MR. HOWES: That's correct.

DR. MUSTARD: So there's the possibility of considerable discrimination between the two sectors of the work force in the application of the...whatever the regulations are?

15 MR. CWITCO: It's possible, but my guess is that the people under the provincial jurisdiction aren't getting any better information. Certainly my experience of working with people in the provincial jurisdiction, in maintenance and repair jobs, is that they don't get very good information.

DR. DUPRE: Any further questions? Mr. Laskin?

20 MR. LASKIN: Could I just back up to this point about compensation. I take it there is no issue that you are covered...your employees are covered under the WCB, because as I flip through the statute I must say I can't find anything that specifically...

MR. CWITCO: Schedule two.

25 MR. LASKIN: ...addresses it? Schedule two?

MR. CWITCO: Schedule two. Yes.

MR. HOWES: There is no question that Bell employees are covered under the WCB.

MR. CWITCO: I think it's point number four listed under Schedule two, if I remember correctly.

30 MR. LASKIN: Good. Thanks.

DR. DUPRE: I have no further questions at this



DR. DUPRE: (cont'd.) time. Mr. Cwitco, did you wish to...

5 MR. CWITCO: No, I don't even have a quote this time.

DR. DUPRE: Well, I want to thank you not least for your brief, but perhaps just as especially for enabling us on the very first day of our hearings to shake hands with the difficulties of divided jurisdiction, which I know will be before us and which, of course, I have lived with all my life as an occupational hazard. They do not preclude me from always thinking through the problem, to the extent of the jurisdiction as least that I am reporting to should be aware what it can do. So I thank you very much.

MR. HOWES: Thank you.

15 DR. DUPRE: Our next presenters are from the Canadian Center for Occupational Health and Safety.

I am happy to greet Ms. Wendy King, Mr. Barry Spinner, from the CCOHS. Mr. Spinner, please proceed.

MR. SPINNER: Thank you, Dr. Dupre.

20 I am Barry Spinner. I am a project scientist with the Canadian Center for Occupational Health and Safety. I managed the project which consists of this submission to the Royal Commission.

This submission flows as a consequence of some earlier work which we did for the Royal Commission.

25 Wendy King, on my right, did the research for the submission and she is going to present a summary of it. She is a research officer with the Canadian Center, she has worked for the Center for just over a year, which in fact has been the time that the Center has been operating, just a year. Before this appointment she worked as the co-ordinator of  
30 a public interest group preparing a publication on asbestos.



MR. SPINNER: (cont'd.) This give her the opportunity to collect and read material on asbestos, from a wide variety of sources.

5 Wendy, would you like to present?

DR. DUPRE: Miss King.

MS. KING: Can you hear me at the back?

Good afternoon. Our submission is the Chronology of Knowledge, subtitled Understanding of the Health Risks of Asbestos in Public Health, Legal and Other Non-medical Literature.

10 As Barry said, this work follows a chronology based upon the medical literature, which we prepared for the Commission as part of our survey of studies last October.

The medical chronology appears in the survey as appendix C.

15 The Commission required that we concentrate exclusively on the understanding of the medical and scientific community in our medical chronology. However, encouragement was given to do a different type of listing based upon a wider range of sources.

20 This chronology is a list of important statements and events selected to highlight what has been known and understood about asbestos over the past century. It was put together by drawing from a variety of sources to demonstrate the extent to which asbestos as a health hazard was understood by factory workers, asbestos industry managers, life insurance companies, government and public health authorities.

25 We think it makes sense to examine how awareness develops at different rates among separate groups of people. We think it important also to appreciate that published reports and official warnings did not have enough impact to ensure that effective changes were made to improve conditions in the workplace. The simple fact of having the results of medical research published in professional journals was not enough.

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5 MS. KING: (cont'd.) Nor were warnings from government and public health officials enough to ensure substantial changes in the understanding, attitudes, actions and economic decisions of those directly exposed to or responsible for controlling asbestos.

10 Our intention in compiling the chronology that you have before you was to choose some of the most significant evidence from what is available, with the emphasis in recent years on Ontario. We did not set out to create an exhaustive summary of everything known about asbestos by nonmedical people.

15 There are one hundred and sixteen separate entries based upon one hundred and twenty-seven sources, some of which are repeated or referred to several times. The great majority of entries, almost half, fall into the 1970 to 1981 time period. What this reflects is an increase in the number of cases of asbestos-related diseases, greater interest among medical researchers about how these diseases are caused, and a corresponding acceleration in government action and general awareness of the problem.

20 As far as possible, the exact words of the spoken or reported statements were used in the text of the chronology.

That's all I am prepared to say about the chronology as a preamble, and I am prepared to answer any questions that you have on the text itself.

DR. DUPRE: Thank you.

Dr. Mustard, have you any questions?

25 DR. MUSTARD: I would like to begin with...you do identify in your chronology the interest of the insurance companies in this beginning, as far as you can see, about 1918. Do you, in your review, do you have any feeling for the policies the insurance companies have had since 1918 about providing insurance coverage for workers in asbestos and what their current stands are?

30





MS. KING: I'm afraid I don't. That sounds like it would be worthwhile to find out, but I'm afraid I don't.

5 DR. MUSTARD: I have one other question which is different, and I'm not sure which one of you would like to try to answer this one. It has been brought to our attention today that it would be desirable to use substitutes for asbestos wherever possible. However, the point has been made that it would not make good sense to introduce a new substance which was as toxic, or was toxic, and that therefore there should be some method of screening new compounds and providing information about whether they are or are not a hazard. Since the Canadian Center serves the country as a whole, I wondered if you have any projects in place whereby, for example, if I knew of a new substance being introduced, I could go to the Canadian Center and find out what was known about it?

10 In other words, are you going to play a role in the Canadian Center in being able to provide a solid information base which would be above partisan accusations of being biased in one direction or the other, to get around what is a very difficult issue in the system, but to ensure that all sectors have open, clean, accurate information about the risks?

20 MR. SPINNER: Well, one of the objects of the Center is in fact to serve as a facility to try and provide unbiased answers to questions about materials. Generally the sort of questions that we have been answering now, which come from various groups involved with occupational health and safety, have been in the area of information as opposed to direct research. But that's not to say that we wouldn't be willing to undertake research per se.

25 Some questions which have come to us have been to ask if a certain substitute exists, what is known about this material as a safe substitute. There was one particular one



MR. SPINNER: (cont'd.) about a substitute for asbestos, but it was asking about one particular instance and one particular material.

5 What we did was look at what was known about the constituents of that substance.

DR. MUSTARD: Let me pursue this a bit further. One of the problems that I suppose may occur is that Canada is several different regions, many regions, with provincial governments with powers in this jurisdiction, unless you happen to come under the Federal Labour Code. If, for example, there is introduced a widespread policy for ensuring that all new substances are screened for carcinogenicity, one wonders whether one would have ten jurisdictions developing guidelines in this area, which could be different, or whether the Canadian Center serves any purpose in this area to help facilitate...I'm not sure whether, Dr. Dupre, I should use national or federal, but at least some kind of function that might serve all of the regions of this country to facilitate having a reasonably standard base for criteria about assessing whether something that is new is likely to be a carcinogen or not. Have you done any work in that area? Looked at the problems?

20 MR. SPINNER: Well, one of our efforts has been to identify areas in which the Center could serve the provinces, the various jurisdictions, and I know that the president feels that this is an area in which we could be of service to the provinces. I think the key, though, is that the provinces who have the jurisdiction, generally in this matter, would have to delegate effort like this to the Center.

25 Now, each of the provinces is represented on our Board of Governors, our Council of Governors, by a senior representative of their occupation health and safety agency, so that they have the power to go in that direction. The question becomes whether they are willing. The Center is



MR. SPINNER: (cont'd.) willing, certainly, in any areas in which we can offer co-ordination.

5 DR. DUPRE: Does your board also have a senior representative from the federal occupational health and safety?

MR. SPINNER: The representative...there are a number of representatives of the federal government. The one most clearly in that area, I believe, is the Deputy Minister of Labour.

10 DR. DUPRE: Mmm-hmm.

MR. SPINNER: Deputy Minister Eberley.

DR. DUPRE: I was just asking that because, of course, as a private agency I think I would be on probably fairly good legal grounds if I hypothesized that you could indeed be eligible to have functions delegated to you by both the federal and provincial governments, jointly.

15 MR. SPINNER: Yes.

DR. DUPRE: P.E.I. Potato Marketing Board, is that correct, counsel?

MR. LASKING: That's correct, Mr. Chairman.

DR. DUPRE: Thank you.

20 Are there any further questions? Dr. Uffen?

DR. UFFEN: In the process of compiling this, you had to do a very considerable abstracting, carry out that function, and I notice a couple here, like the Science Council of Canada's report on Policies on Poisons...it's quite a big document...and the Beaudry report from Quebec, which is even greater. How do you decide what to select to put in this report?

25 MS. KING: I was prepared to answer this question because it is the obvious question, I think, when you are doing a very highly selective job. I was concerned that an indication be given of what was understood in as readable a form as possible, and to give a representative sample from different

30





5 MS. KING: (cont'd.) kind of documents and from different sources to show what different groups of people understood. If I had given a larger portion of the report over to major documents, I don't think that representative sampling would have been as equal. In other words, I could have taken a much larger section out of the Science Council's report and it would have been just as relevant as what was...

10 DR. UFFEN: So is it safe for me to assume it's the chronology that you have recorded that is the important aspect, not the abstract?

MS. KING: I'm not sure that I understand your second question.

15 DR. UFFEN: It's a very complete and useful document for hunting back and finding out when did so-and-so happen. You know, you can find that out. These are not abstracts that would have been prepared by the originating organization, these are your own?

MS. KING: That's correct.

DR. DUPRE: Further questions?

20 Well, may I thank you most warmly for having joined us this afternoon.

MS. KING: Thank you very much.

DR. DUPRE: Thank you for coming.

The Commission stands adjourned until seven o'clock this evening.

25 - - - - -  
THE PROCEEDINGS RESUMED

DR. DUPRE: Ladies and gentlemen, I will simply begin by reminding my colleagues, myself and all who are at the presenters' table to please speak into the microphone when speaking tonight.

30 I welcome this evening the Asbestos Victims of



DR. DUPRE: (cont'd.) Ontario. I believe, Mr. Cauchi, that you are heading this presentation? May I, please, sir, recognize you and ask you to introduce your colleagues and to make any opening presentations you wish to make?

MR. CAUCHI: Thank you, Mr. Chairman, members of the Commission.

I would like to introduce my fellow people from the Asbestos Victims of Ontario. On my extreme left, Mrs. Dodds, Mrs. Roseman, Mrs. Day, Mrs. Barton...

DR. DUPRE: A little more slowly, please, so that the transcriber can record that.

That was Mrs. Day after Mrs. Roseman?

MR. CAUCHI: Mrs. Day, Mrs. Barton...

DR. DUPRE: Mrs. Barton.

MR. CAUCHI: Mrs. Shorting.

DR. DUPRE: Mrs. Shorting.

MR. CAUCHI: Mrs. White.

DR. DUPRE: Mrs. White.

MR. CAUCHI: These are all widows, Mr.

Chairman.

DR. DUPRE: Yes, sir..

MR. CAUCHI: Mr. Dwight Oland.

DR. DUPRE: Could you spell that, please?

MR. CAUCHI: O L A N D, Oland.

DR. DUPRE: Mr. Oland. Yes, thank you.

And yourself, Mr. Cauchi.

MR. CAUCHI: And myself.

DR. DUPRE: Thank you, sir. Please proceed.

MR. CAUCHI: I believe that you get a copy of our brief?

DR. DUPRE: Yes, sir. And it has been read, I can assure you.

MR. CAUCHI: I would like to make a few comments



MR. CAUCHI: (cont'd.) with regard to the brief that we presented, and I would like to say, Mr. Chairman, that within the past few years there has emerged through civil lawsuits in the United States shocking evidence about the way in which the major asbestos companies suppressed information on the danger of human health from asbestos exposure. The information is now before a Congressional Sub-committee. A special meeting of lawyers and doctors has been convened in New York to discuss the findings and explore legal strategies.

The material began to appear four years ago in a class action suit in New Jersey when Raybestos-Manhattan Limited was directed to file certain depositions with the court. Since then in other preliminary legal proceedings from South Carolina to Pennsylvania, most of them involving the huge Johns-Manville corporation, more and more documents have come to light.

There are now thousands of court cases pending which involved up to six thousand plaintiffs, and that's just the beginning.

Last year in California alone civil suits were launched against fifteen asbestos firms, seeking one billion dollars damages for five thousand west coast shipyard workers.

We hope that these people will get every penny they ask for, and why not? The rest of society, when people are harmed or destroyed, the perpetrators end up in prison behind bars. The documents that have come to light date back to 1934. Often they have not been tested in formal trial because of the asbestos companies attempting to settle out of court.

There are letters, memos, statements, files and affidavits which show that senior executives of Johns-Manville and Raybestos-Manhattan in the mid-thirties attempted to conceal information about the potential harm



MR. CAUCHI: (contd.) to workers from asbestos.

5 The company sponsored research project at Saranac Lake in New York in the 1930's, and in the 1940's, were deleted. That specifically had their incrimination findings suppressed, the references to the dangers of asbestos in the trade journals during 1930's and 1940's were deleted, the specific warnings from company physicians about asbestosis and lung cancer were ignored. The companies were arranging private compensation settlements with individual workers, while at the same time  
10 disputing publicly the relationship between asbestos and occupational disease.

15 In 1947, Johns-Manville opened its plant in Scarborough. For the first several years employees worked in a cloud of dust, asbestos dust I should say, estimated at between two fifty and eighty fibres per cubic centimeter. The so-called safe level today is two fibres per centimeter. Is it any wonder that many have died and even greater numbers are partially or totally disabled?

20 Probably you haven't been in the homes of Johns-Manville workers where the husband is dead or dying. I have...many times...and it's impossible to forgive when you know it need not have been. There is a lot to detest about some corporate behaviour.

25 A British study in 1977 by Julian Pedeau, an epidemiologist with Oxford Epidemiology and Clinical Trials Unit said that one in fourteen workers who spend their working lives in the asbestos industry may die prematurely from disease related to the asbestos fibres if they accept a standard of two fibres per c.c. where exposure remains unchanged.

30 Dr. Joseph K. Wagner, Chief of the Industry-wide Studies Branch of the United States National Institute of Occupational Safety and Health said that the Oxford findings are consistent with current knowledge about asbestos and its





MR. CAUCHI: (cont'd.) effect of workers.

Dr. Wagner noted that there is currently no way to determine a safe exposure level to any known carcinogen. Rather than misleading the public, we have to assume no safe level exists. We have yet to see data which could stand up to scientific scrutiny as to what a safe level is.

At a press conference in 1975, Dr. Paul Kotin, Johns-Manville vice-president in charge of safety operations, stated that asbestos fibres is easy to get into rugs and drapes of families of people who have worked at an asbestos plant.

In their columns syndicated by the Los Angeles Times, Jeff Stanberg and Edward Filateau cited a union spokesman's opinion that the United States asbestos industry pressed OSHA for extension of the five fibre level to 1976 in order to buy time to transfer its operations overseas where looser safety requirements would keep costs down.

An article in the New Scientist magazine written by Dr. Christopher Wagner in 1975 deals with the safety of asbestos and ends by saying, "our present experiments indicate that irrespective of the mineralogical nature, all fibres less than point five microns in diameter may produce tumors often occluded into the pleural cavity of rats. Thus manufacturers may be warned of the increasing hygiene risk as the fibre diameter is reduced. In short, the smaller the fibre, the bigger the health risk it presents."

In 1979, the United States National Cancer Institute and the National Institute of Environment Health Sciences singled out asbestos as the number one danger and estimated that it might account for seventeen percent of all cancer deaths. The summary said that one point six million



MR. CAUCHI: (cont'd.) of the heavily exposed workers are expected to die of asbestos-related cancers. Sixty-seven thousand a year for the next thirty to thirty-five years.

In July of last year, 1980, a release by the Harvard Medical School Health Letter reports that by the end of the century about five hundred thousand Americans will have died from exposure to asbestos. The release concludes that every possible way should be found to remove the substance from the human environment.

The letter published said, "asbestos disease becomes a medical problem when it's too late to cure them".

Preventing these diseases is a political challenge and not a medical one.

I would like to quote you from Dr. Selikoff's speech in Toronto, 1978, "the two fibres per millimeter...well, how much harm can two fibres do to you, I ask. Each millimeter is a thimbleful of air, two fibres per millimeter is two million per cubic meter. The working man inhales eight million cubic millimeters in each working day...eight cubic meters.

The present law allows for him to inhale sixteen million fibres in a working day, but it's only the long fibres, the ones that you can see with an ordinary microscope. Actually, there is only one out of a hundred and man inhales one and a half billion fibres each working day."

A quote from Public Forum Policies on Poisons, November 15, 1975, right here in Toronto, sponsored by the Science Council of Canada and the Canada Public Health Association:

"During 1972, United States government hearing



MR. CAUCHI: (cont'd.) on asbestos: For example, about the only thing which scientists agreed was that asbestos was a health hazard".

5 An employer sponsored scientist, Dr. A.D. MacDonald, chairman of the Department of Epidemiology and Health at McGill University, stated, "The reasonable exposure level should be between five and nine fibres per cubic centimeter."

10 On the other hand, Dr. Selikoff argued that two fibres or less were necessary to avoid ill health, and that NIOSH's position was that excessive cancer risks have been demonstrated in all fibre concentration studies to date.

15 Evaluation of all available human data provides no evidence for a threshold or for a safe level of asbestos exposure.

20 Now, since the companies were aware of the dangers in working with asbestos as early as 1929, and that working with asbestos and asbestos-containing products were hazardous, yet failed to advise the public of those hazards and since the employees did not prevent the workers from contracting incurable related ailments, I must recommend to the Commission that three steps be made law, and that the Commission approach the Minister of Labour as soon as possible and make these recommendations known to him as a special report:

25 Mr. Chairman, the recommendations we make are:

30 A. That the Attorney-General of Ontario take the Johns-Manville Corporation to court for not sharing their knowledge and information that their workers' health was in danger from working with asbestos, and that criminal charges against doctors and management under the Criminal Code for criminal negligence causing bodily harm and death.





MR. CAUCHI: (cont'd.)

- 5           B. That uniform compensation system should be paid equitably through the legislation to all workers that suffer from some type of asbestos-related disease, and to all the widows whose husbands died from asbestos-related disease so we all can live in peace and dignity and not be a burden on the community.
- 10           C. That any worker who is suffering from any type of asbestos-related disease, and to all the widows whose husbands died from some type of asbestos-related disease, be given the right to take legal action against their formal employer for neglect and conspiracy to suppress the information of the dangers in working with
- 15           asbestos.

Mr. Chairman, we are living with problems. We are looking for answers. We are not a bobtail crew of attention seekers, our aims are clear if one only takes time to talk to us. We may look sad and agitated, but beneath their irate

20           protest there rests a single-minded focus. That focus is the Workmen's Compensation Board and the legislation that governs it.

We are not talking about back injuries and hand injuries or more traditional on-the-job accidents. We are talking about insidious and devastating occupational health

25           problem which was caused by exposure to a large amount of asbestos dust and from which there is no cure, chance of recovery.

At this time, because of these hearings, everybody seems to be jumping on the bandwagon now, after we have been trying for the past fifteen years to get some help.

30           We can get not medical information either from the Compensation



MR. CAUCHI: (cont'd.) Board or from our present employer. I find that very disturbing that when a widow or a disabled employee asks for information about his health from his employer or from the Compensation, it is refused.

I want to point out to you, Mr. Chairman, that in the 1972 hearings the government at the time appointed the A.J. Little Inquiry on the Limits of Exposure. That was composed of nine doctors. Seven of them had connections with the asbestos industry. The other two were Selikoff and Dr. Nicholson.

The vote to leave the exposure level at five c.c. was seven to two. The only two dissenting were Selikoff and Nicholson.

Now, how can the WCB evaluate a lung disease on a percentage basis? We have widows here that their husbands were receiving from ten to twenty percent compensation.

There's one important point, Mr. Chairman, that I would like to focus, and I would like to read it again. That we can't understand how the Compensation Board can evaluate the lung disease on a percentage basis. We have widows with us today that their husbands were received from between ten and fifty percent compensation, but as soon as that husband died, the compensation was cut off and they are receiving nothing.

I got a lady with me here, her husband died eight years ago. She still didn't get a cent from Compensation and she is living on welfare.

Before 1975, we were not informed of our medical examinations. That plant opened in 1946 and twenty years or thirty years later, I should say, the Compensation Board, the Occupational Health Branch or the Johns-Manville Corporation never informed any member in their employment about their health problem. Yet, when we take the medical each year



MR. CAUCHI: (cont'd.) and the report goes from the Occupational Health Branch to the Compensation to the company lawyer. And that's stopped right there...I would hope. But no. It went as far as the company board room.

Mr. Chairman, that's all I have to say to you, except that some of these widows would like to make a few comments.

DR. DUPRE: If you please, Mr. Cauchi. Thank you for your presentation.

Is there any particular order in which your colleagues would like to speak?

MR. CAUCHI: No. Go ahead, Mrs. Roseman. Get up.

DR. DUPRE: Mrs. Roseman.

MRS. ROSEMAN: Mr. Chairman, my husband was also one of the many victims who worked at Johns-Manville. He died when he was fifty-three years old. His case was investigated by the Workmen's Compensation Board, and because he only worked there for twelve years, and with overtime, double and triple shifts, came to about seventeen years of exposure time, but that was still not twenty and therefore my claim for compensation was denied.

I did not only lose my husband. I lost all my hope and faith and trust in people, in doctors and the government. I have to face a future to raise our six children alone and go out to work to support myself and the children. I still do, for three dollars and thirty cents an hour. I have no car, I walk or take the bus.

My youngest child is left alone a lot, and I am bitter, sick and tired and nobody cares. But then, I realize nobody knows if we don't say anything, and I know I am not the only one who suffers. We have got to get together and let the world know of the danger of asbestos, the sickness,



MRS. ROSEMAN: (cont'd.) pain and agony it causes.

The unfairness of the company who knew it for years but keeps on murdering our men and does nothing about it, and that is why we are here, to shout it from the mountaintop, have mercy...please, have mercy on us.

Thank you.

DR. DUPRE: Thank you, Mrs. Roseman.

Perhaps before I recognize Mrs. Day, would you permit me to ask a question, Mrs. Roseman? May I ask you a question?

MRS. ROSEMAN: Yes, yes.

DR. DUPRE: Could I ask, was your husband on a disability pension from the WCB for asbestos-related diseases before his death?

MRS. ROSEMAN: No. He never has received one cent.

DR. DUPRE: I see. Thank you.

Indeed, my purpose for asking that question is that Mr. Cauchi, of course, has made the point that we have a specific problem within a problem, which is, of course, related to individuals who have had partial disability pensions but then whose survivors have failed to receive an award from the WCB. With your indulgence, I will be asking each of you to specify the kind of case.

It was Mrs. Jean Roseman, was it? The transcriber wanted to make certain of this. Is it Mrs. Frances Day?

MR. CAUCHI: Yes.

DR. DUPRE: Mrs. Day, please, ma'am.

MRS. DAY: Members of the Royal Commission, and interested people. Mine is number fifteen on the list of the briefs that have been received so far...by the yellow pamphlet that was sent out...and by the looks of it, my brief is not





MRS. DAY: (cont'd.) too brief.

My husband, Gord, was at J-M for twenty-six years, and for approximately ten years we noted that he was short of  
5 breath, but otherwise he seldom complained about anything.

After one of the men, whose name was Ed Vetter, was diagnosed as being asbestotic, Gord would say, well, we've all got it but there's no point in quitting because we'll never get any compensation if we do that, and if anything ever happens to me, you must have an autopsy.

10 Well, that used to strike queer feelings in me, but he would always end that by being very light-hearted about it and saying, oh, there's nothing going to happen to me anyway.

Now, my submission was compiled now, but all of the material in it, except for the title page, has been in my possession for five to eight years. It begins with replies  
15 made to Gord from his letters or telephone inquiries, and later on covers some of the letters I wrote as well as the material that was sent to me in reply.

The material is not new. It was put together by me for this Royal Commission to show the frustrations first felt  
20 by Gord when the Workmen's Compensation Board decided he could go back to work when he was far too ill, and his health went from bad to worse. His compensation was first one hundred percent, then they cut it to fifty percent, and then because we were both rather angry and disgusted with the whole thing by this time, it was appealed and he was returned to a hundred percent  
25 again. I have always received a hundred percent compensation from the time that I began to get it after my husband died in 1974. It started off with two hundred and sixty dollars a month, plus seventy dollars a month for my daughter.

30 That certainly wasn't enough to live on the way we had been used to living, but I got fulltime employment after that. I had only been working part-time. With the increases,



MRS. DAY: (cont'd.) I don't have a lot of financial complaints right now. We don't live high, we never did.

5 But the traumatic effect on both my daughter's and my life was great. She was eleven when her father died. He has been dead for more than six years now and she is ready to go to university this fall, I hope, finances being part of the problem.

10 The letters that I wrote after my husband died were not for me, because I was getting compensation. But even six years ago I was asking for help for others, and that's why I'm here. I think things have been terribly, terribly unfair. I think anybody that has been diagnosed as having any percentage whatever of asbestosis or asbestosis-related problems should, without any qualms at all, their widows or whoever is left  
15 should get some kind of compensation.

I can't see why any man who was getting fifteen or fifty or whatever percentage, why his spouse is cut completely off.

20 I ask for help for other people, and I'm still asking for it...those that have already died and those that don't know that they need help yet.

25 My husband died, as I say, more than six years ago. There have been quite a few deaths since that time, and there will be more. My brief is correspondence that I or my husband had with the compensation officials, right up to Mike Starr when he was chairman of the board; with various doctors; with provincial members of the legislature; the environment, the health and the labour departments; the federal members of parliament; their assistants; and the health and welfare minister, who was Mark LaLonde at that time, because I was concerned about the blue asbestos that they said in the beginning they were  
30 going to ban and then eventually they didn't ban it at all. The last letter I had from them seemed to me to be saying that



MRS. DAY: (cont'd.) they felt that the blue asbestos use was far more good than a few men's lives.

5 I don't really know whether I am bitter or not. I try not to be. I think it's more helpless outrage that the government and the compensation board and the Johns-Manville company can be so insensitive.

10 I asked for some kind of a probe. I didn't really know what a Royal Commission was at that time, but I asked for an inquiry or a probe at the time that I was doing all this corresponding. I think it's been a long time in coming...too long for some people. I hope it will help and I would just like anybody to know that a copy of the brief that I presented is in your library room at the Royal Commission, I presume, and anybody that would like to read it, I would be most happy or I would answer any questions that they have of the things that are in it, and I think it should be brought out that we owe a great deal of debt to Charlie Neilson and to Stephen Lewis, who did help at the time five or six years ago when I was trying to do the little bit that I was able to do.

15 Thank you very much.

20 DR. DUPRE: Thank you, indeed, Mrs. Day.

Again, if I may just capsulize your very excellent written brief, which is indeed in our library and generally available. As I understand the case of your late husband, he did hold a fifty percent disability pension from the WCB, is that correct?

25 MRS. DAY: When he started, he had a hundred percent.

DR. DUPRE: And it went from there to fifty?

MRS. DAY: Then it went back to fifty.

30 DR. DUPRE: Then did it go back to a hundred before he died?

MRS. DAY: Yes, it did. He was diagnosed in





MRS. DAY: (cont'd.) May as having mesothelioma. They had no choice.

5 DR. DUPRE: And of course under the legislation, as I understand it, any individual on a one hundred percent disability pension is automatically eligible for the survivor benefits, whatever the cause of death, correct?

MRS. DAY: I presume so. Never having had anything to do with it before, I didn't really know that.

10 DR. DUPRE: One of the quirks of the legislation, of course, as I understand it, is that that is so, but only at a hundred percent, and anywhere below you are into, of course, what I know is a very major problem for many of you indeed.

15 May I then welcome Mrs. William J. Barton, Mrs. Helen Hindle? Yes, thank you, Mrs. Hindle, and of course I do wish to acknowledge your brief, which also is publicly available with us. It has number forty-one attached to it.

Please, Mrs. Barton.

20 MRS. BARTON: Mr. Chairman and members of the Commission, friends, I would like to tell you of my experience concerning asbestos exposure. It might be a little more personal than Mrs. Day's, but this is my problem.

My husband, William Barton, was employed mainly as a maintenance carpenter by the Canadian Johns-Manville company on Port Union since 1950, until his retirement because of poor health in 1977 at the age of sixty-two.

25 On August 24, 1978, he passed away, an emaciated man, after suffering untold agony from asbestosis, emphysema... which he had had for fifteen years...he also developed a disease called lupas erythematosus, plus many other countless problems which I'm sure were attributed to the asbestos fibre in his body.

30 Three weeks before his death he was in such pain that he asked that I bring a knife into the hospital so that he



MRS. BARTON: (cont'd.) could end his life.

He could not stand the pain any longer.

Up to this point he did not feel sorry for himself, but instead felt sorry for the other younger ones coming up, knowing what they had to face.

It was September, 1967, when Bill first became seriously ill and actually had symptoms as early as 1964. In 1967 he became so ill he collapsed at home and was rushed to emergency at Scarborough General Hospital, where Doctor Hofstader told me at the time Bill's lungs were full of garbage, as he put it, and there was a growth in his lungs, and prior to this our family doctor had said he had a shadow on his lung.

Now by some miracle, he survived and was off work twenty-six months, at which time he collected Travellers Insurance. During this time we brought his body weight up from eighty-nine pounds to a hundred and twenty pounds in six months. However, he was so weak he couldn't navigate, but he had to return to work in this condition for two weeks so that he would be eligible for another twenty-six weeks of insurance payments.

By 1974, Mr. Barton was told he had a ten percent disability and received a pension of a hundred and eleven dollars, I believe at that time. Later it was increased to twenty percent and he received two hundred and twelve dollars. By 1977, he was unable to work and was classed by the Compensation Board as having a fifty percent disability due to the work hazards at the Canadian Johns-Manville plant.

The plant may have been cleaned up somewhat in the last few years, but these men who have lost their lives were working in clouds of asbestos dust at one time, and cleaning out vacuum systems and dumping this dust into open trucks. So is it any wonder that they paid the supreme sacrifice?

Before Mr. Barton died, he had an income of four hundred and twenty-three fifty monthly from the Workmen's



5 MRS. BARTON: (cont'd.) Compensation Board, one hundred and forty-three monthly Manville pension, one hundred and eighty-eight monthly disability pension. That amounts to seven hundred and fifty-four monthly. Since his death I received sixteen hundred dollars, which I was told was all that remained of his pension, and thirty-nine hundred Travellers' death benefit, of which I paid almost two thousand for funeral expenses. The other pensions were all discontinued.

10 I applied to Workmen's Compensation, through Charlie Neilson, for a widow's pension and death benefit, but was rejected. The reason was, they told me, that he died from lupas erythmatosis.

15 An appeal date was granted, but Charlie Neilson, then union president, asked for an extension until Mrs. Dodds' claim was settled. Mrs. Dodds' claim was settled after twenty-five months, and I was told by Mr. Neilson that he would start working on my claim right away. I received no word at all that Mr. Montgomery was the new union president, and I must contact him in future.

20 When I found this out, I contacted Mr. Montgomery and was told he would contact the plant lawyer and the Compensation Board and would start things going and get back to me, which he never did.

25 After a few weeks, I called again, and Mr. Montgomery said that he could get no satisfaction from the Board, there was nothing he or I could do right now to help my claim...absolutely nothing.

Not only am I left a widow, but I am left with practically no income. I gave up my job to look after Mr. Barton during his illness, and have only been rehired part-time.

30 How can the Johns-Manville plant and the Workmen's Compensation Board get away with such negligence? Someone is responsible for these deaths and the welfare of the





MRS. BARTON: (cont'd.) widows and families.

5 I know I'm not alone in this predicament, but at sixty years of age and with back problems, I find it difficult to look after a home without help, and work full-time as well. And on three hundred and fifty-four a month income from Canada Pension and a DVA allowance combined, I'm sure I cannot afford to pay outside help.

10 At this point I can no longer meet day-to-day expenses, even though I work part-time to supplement this meager income. If I were to work and earn more than a hundred and sixty monthly, then my DVA allowance of a hundred and eighty-six seventy-three would be discontinued.

15 I am very annoyed and disgusted to think that a man can claim seven hundred and fifty-four dollars per month to live on from these sources because he is unable to work because of illness that the Canadian Johns-Manville plant has claimed to have caused, then the same people can turn around and at this man's death say to hell with his wife and family...he's gone, now we are no longer responsible.

20 It's bad enough to lose the one you love and the companionship of that person without having to give up your home and live below the poverty level. There are many things that happen when you become a widow, as most widows know. You are no longer a couple so are not included in affairs that you have both attended, some of your friends cease to contact you or invite you out, and you don't normally go to theatres or restaurants on your own. You have been a housewife and mother for years so are not established in a career, and all these problems take time to handle and at sixty years of age, this can be difficult, because at this age you are not exactly employable.

30 So here you are trying to meet payments that are escalating month by month, and it eventually becomes impossible.





5 MRS. BARTON: (cont'd.) If I receive no assistance from the Canadian Johns-Manville plant or Workmen's Compensation Board, then I will be forced to sell my home this year, and I find this disgraceful when my husband and I worked so hard to pay for it, knowing he would not live long because of the damage done to his health by working for the Canadian Johns-Manville Corporation. So if someone can tell me where justice lies in that kind of establishment, then let them tell me.

Thank you.

10 DR. DUPRE: Thank you, Mrs. Barton.

Now, may I take it as correct that your appeal is still lodged before the Workmen's Compensation Board?

MRS. BARTON: Nobody is doing anything about it. The Compensation Board just seem to do nothing.

15 DR. DUPRE: But the Workmen's Compensation Board has not ruled on your appeal?

MR. CAUCHI: Yes.

DR. DUPRE: Or has it?

20 MRS. BARTON: No. Mr. Neilson, who was then the union president, had asked that we have an extension. He did not want to handle the two cases at one time, for some reason. He wanted to settle Mrs. Dodds' first.

DR. DUPRE: Right.

25 MRS. BARTON: He said immediately that is done... and I called him a number of times...and he said there is just a few little things now I have to wrap up, we think she has also been done out of some of her pension and when I get that all straightened out then I'm going to start on yours immediately.

30 Nobody even phoned and told me he wasn't the union president anymore. I just happened to phone his wife one night, finally got them in and she said, oh, he's not union president anymore, Ken Montgomery is the president. So she gave me Mr. Montgomery's number, and as I said, he said I'll



MRS. BARTON: (cont'd.) pull the file and we'll see what we can do. And well, he said they are just not moving on it. They are just not doing anything.

5 I said, well, is there something I can do? I feel helpless just sitting here. I mean, I've got to get some money from somewhere. I don't want to lose my home. But he says, there is nothing you can do.

10 So, you know, here I am still sitting feeling sort of helpless and wonder where to go next. I definitely will have to sell my home if something isn't settled soon.

DR. DUPRE: You have not gotten a definite no from the top appeal level of the WCB?

MRS. BARTON: No, because the appeal then was extended.

15 DR. DUPRE: Okay.

MRS. BARTON: But how am I going to get back to them if nobody will tell me what to do?

DR. DUPRE: I just wanted to have a sense for where you are in terms of the proceedings.

20 MRS. BARTON: But he was receiving a fifty percent disability, and this I find hard to believe, that they can give a man this amount of money because of his health...well, his widow still has to survive. There's still the same taxes to pay, the same bills to pay. Your expenses aren't cut down that very much once they've gone. I mean the food bill, maybe, but that's about it.

25 DR. DUPRE: I understand, Mrs. Barton. Thank you very much.

Mrs. Shorting, I believe, Mrs. Harold Shorting?

MRS. SHORTING: That's right.

DR. DUPRE: If you please, madam.

30 MRS. SHORTING: My husband, Harold Shorting, began working at Canadian Johns-Manville in February, 1948.



5 MRS. SHORTING: (cont'd.) He had a training period at the Johns-Manville plant in Newark, New Jersey, before the Canadian plant opened at Port Union in the spring of that same year.

During the thirty years he worked at Johns-Manville he was in turn machine tender, foreman and lift truck operator. He never smoked and seldom took a drink. He was a strong, healthy man who was accustomed to physical activity.

10 For many years he did not breathe properly. He never breathed deeply as I did, but with quick, shallow breaths, much like the breathing of a baby. There was always the sound of a wheeze or a low whistle in his chest.

15 During the year before his death he was having increasing difficulty breathing, but he kept as active as his condition allowed because he felt it was best for him. Neither of us realized that his illness was of an immediate, critical nature, but thought of it as a chronic disease that had to be lived with.

20 He died suddenly on March 26th, 1978, five days before his fifty-sixth birthday and thirty years after he began working at Johns-Manville. At the time of his death he was on compensation for a fifteen percent partial disability because of asbestosis. The doctor who attended him at the time of his death said that he died of pulmonary edema, which he felt was much more serious because of the underlying condition of asbestosis. The autopsy report revealed that his body contained much  
25 evidence of asbestos fibres.

Some of the problems listed on the autopsy report were asbestosis involving both lungs, pulmonary edema and coronary occlusion due to arteriosclerosis. The cause of death was coronary occlusion due to arteriosclerosis.

30 The Compensation Board refused compensation





MRS. SHORTING: (cont'd.) because the compensable disability was not the direct cause of his death.

I ask, who is responsible for the pollution of my husband's body? It seems to me that any employer has a responsibility for the health of its employees. A machine cannot operate properly if it is corroded. How then can a man's body function if it is clogged by asbestos?

My father-in-law worked at Johns-Manville for sixteen years. He died of lung cancer nine years after his retirement.

I have two sons, but they do not work with asbestos. Nothing can be done to help those who are dead, but please, let us not allow it to happen again...ever.

I thank you.

DR. DUPRE: Thank you, Mrs. Shorting.

I have no question in terms of your husband's particular case because it's quite clear that once again this is...we are into the partial disability pension and then a denial-of-survivor-benefits case.

Mrs. White? Mrs. White, I don't seem to have a first name here for the transcriber.

MRS. WHITE: Doreen or Fred. Did you want my first name?

DR. DUPRE: Your first name? Mrs. Doreen White?

MRS. WHITE: Yes, Doreen.

DR. DUPRE: If you don't mind, Mrs. White, I shall wait until I can see you.

MRS. WHITE: Maybe you'll be sorry.

DR. DUPRE: If you please, Mrs. White.

MRS. WHITE: Well, my husband Fred, he worked for Johns-Manville for twenty-nine years. He started there in September of 1948, and during this time it was pretty good. But then about, oh, I guess six years ago or so, why he started



5 MRS. WHITE: (contd.) to have shortness of breath and of course there had been a lot of other men who had had asbestosis and so he figured that, well, this is what was wrong with him.

So in August of 1973, they informed him by letter, the Health Department, that he had asbestosis. From then on he was supposed to go into the Health Department once a year, at the end of January, for a checkup, you know.

10 So they took him in in 1974 and 1975 and 1976, but in 1977 he was never notified to come in for his checkup. But our doctor, I don't know how he got the letter, but he got a letter saying that Fred's condition hadn't changed from 1973 and at this time Fred was getting, I don't know...not more than fifteen percent compensation.

15 In the March of 1977, he began to have these pains in his right side and he wouldn't go to the doctor. I guess he knew what the consequences were if he did, so I guess he was putting it off.

20 But anyway, in the first part of April I phoned our family doctor and I made an appointment for him, and so he went. They had him take some outpatient tests at the hospital and they couldn't find anything, but the doctor decided to admit him to hospital the 16th of April, 1977.

25 So they put him in and he was there for three weeks, and they did all kinds of tests, put him through a lot of agonies. One test, he went into shock and he almost died.

30 So anyway, they still didn't find anything but he still had this here pain in his right side, and so then the doctors, they decided well there must be really something, so they took him to Centenary Hospital and they put him through a scanner and they found that there was some irregularity in the liver area. So as a result, they took him into Ajax hospital and on June 22nd, 1977, they operated and the diagnosis



MRS. WHITE: (cont'd.) was mesothelioma, terminal in three to three and a half months.

Well, you know, I mean, here he is...in January he gets this and he hadn't even been in there, and they say there isn't any change from 1973. And in June, they tell him he's got three months to live. I mean, it's not...and Fred... the pain was so bad that his doctor recommended that he go to St. Michael's hospital and he had two chordotomies. It relieved the pain for awhile, but not for long.

Then September 24, 1977, Fred died. Of course... after he had the operation in June, of course, they gave him a hundred percent compensation from them. But I didn't apply for compensation when he died because I knew they had to give it to me anyway. I had a lawyer and I let him talk to them, but they still kept sending me letters and I just passed them on to my lawyer.

So at one time they were trying to collect about five hundred dollars from me that they said they had sent me, but if I hadn't kept the receipt I would have had to pay them about five hundred dollars, but I kept the receipt and I didn't answer the letter. I just took the letter, along with the receipts, to my lawyer.

What they did take back...Fred died the 24th of September, and the cheque was dated for the 28th of September, and they did take off the four days.

But you see, you know...and then, so many people say to me, are you bitter? No. I don't think I'm bitter, but I'm damned angry that somebody can do this to some other human being. I'm not just angry at Johns-Manville. I'm angry at our Ontario Health Department that would let something like this happen to anybody. I mean, they are the ones that control pollution, aren't they? So aren't they the ones that should control this, regardless what a company does? I think they



MRS. WHITE: (cont'd.) owe us something, both of them, and so...

5 Then there was one other thing...of course it hasn't got anything to do with asbestos, but my husband fought in World War II. He was wounded, critically wounded, and he received a ten percent...again ten percent...from Veterans Affairs. My lawyer put in for it and they came and told me if my income was more than two hundred and eighty-six dollars a month, and my compensation at that time was two hundred and  
10 eighty-seven, I was not entitled to it.

So there was another thing that if they had left it maybe a year or so later, I might have been able to accept it.

15 But anyway, so many people say well, what would you like the Commission to do for you? Well, I would like to see that this never can happen to anybody else, regardless what industry is involved. You know, everybody has to die and if it's the will of God, I can accept it and I can understand it. But I believe that the Health Department gave Johns-Manville a legal license to murder...and they did it. And they didn't  
20 try to stop it, so there is only one thing I can say, is, I think there should be something done and the only thing that they will understand is if we hit them in their bank account, because this is all it was done for...,money, greed...so maybe that's the only thing they can understand.

25 I hope that they really learn the meaning of these words,"but for the grace of God, go I".

Thank you.

DR. DUPRE: Thank you, Mrs. White.

Mr. Oland?

MR. OLAND: Mr. Chairman...

30 DR. DUPRE: May I have your first name, sir, please, for the transcriber?





MR. OLAND: Dwight.

DR. DUPRE: Dwight? Mr. Dwight Oland?

MR. OLAND: Dwight Oland.

DR. DUPRE: If you please?

MR. OLAND: Mr. Chairman, members of the Commission, I am at present being compensated for a permanent partial disability. I was preparing some material for a WCB appeal, but it was suggested I could best make the most of my comments before a Commission as is here convened.

I shall, from time to time perhaps, show corroboration for some of the statements already made. Before I begin talking on my own program, I would like to respond to a question posed to me earlier today. I was asked about the type of dust collecting system being used in the early years of Johns-Manville operation at Port Union. According to those who worked in Johns-Manville pipe division when it first began...that was about two years before I started to work in 1950...of course, this is hearsay, because I wasn't there...there was no dust collection system whatsoever.

When I started in 1950, the evacuation system appeared practically brand new. My experience begins in 1950.

In the early 1950's, there was a dust collection system in operation which was extended to a few machines which were working on cured and hardened products, asbestos pipe. Much of the apparatus, hoses to the various machines in use, could not effectively deal with the amount of dust generated. Many machines were not hooked up to the system. Included in these were the saws that cut off...where they cut off the pipe ends, the coupling cutoffs where they make couplings out of long sticks, and some drilling equipment.

Another area was the scrap grinder, which was about the worst place to work in.

Many times the vacuum lines clogged up, but the



MR. OLAND: (cont'd.) machines were kept running until a supervisor gave us permission to clean them out.

Also, the main system often broke down and all machines had to be either kept on going or the foreman gave them permission to stop. While they were going, the factory filled up with dust.

Many of the men were forced to work in dust while repairs were being carried out. When the main line became clogged, men were forced to crawl in through it on their bellies with scoops and buckets, dropping the dust contents onto the floor...which was about twenty or thirty feet below. This in turn produced voluminous clouds of sickening dust that parched one's throat, and when anyone blew his nose, his handkerchief was covered with dust and mucous.

During the process of unplugging the lines, other employees were told to sweep up the dust and they did this, swept it up into piles, and shovelled it into bins. Everytime they threw a shovelful into a bin, there was another cloud of dust.

Finally, this collected dust was dragged away or trucked away out of doors and left to the elements, and frequently was blown back into the plant, and the neighbors in the surrounding area will agree to that too, it went into their homes.

Many suggestions to help keep the dust down by using water were thrown out at that time. But twenty-five years later the company began to use such methods and they worked very well, if not quite as efficient as one would expect.

The asbestos workers handled bags of raw material, that is raw asbestos, throwing them about, creating clouds of pure asbestos dust filled with fibres. When lunchtime came, they would just grab their lunchbags or boxes, blow off the dust, sit down on the bags and eat.



5 MR. OLAND: (cont'd.) I ask for your  
indulgence while I read some material, and perhaps present  
situations already mentioned. I was preparing something for  
an appeal, and I shall read it. This is an appeal of a decision  
of the Claims Review Branch, dated January 9, 1980, by the  
claimant, F.D. Oland, S1045 8096, with respect to the date of  
retroactivity of compensation, and with respect to percent (sic)  
10 disability on the grounds that men were induced to work in  
hazardous environment for a longer time than they might have  
if they had been properly informed of the health risk, or if  
they had been accurately informed of the state of their health  
constantly, with comprehension and understanding, or if they  
had not been coerced into working in asbestos-laden dust by some  
ignorant foreman who told them, 'a little bit of dust won't  
15 hurt you', and that if you didn't want to work at the job, you  
would be taken off. All of which was responsible for and led  
to the irreversible industrial disease in the lungs that they  
could have elected to avoid before their condition became  
compensable.

20 Because, as it is recognized, years of dust  
accumulation are required in order to detect positive  
contamination through methods used by the Ministry of Health  
heretofore, I challenge the ability to accurately pinpoint  
the day of compensability. I ask for a recognizable and  
acceptable proof I was noncompensable before August 23, 1979.  
I ask for absolute proof the correct assessment was ten percent.  
25 The specialist in Ajax told me a biopsy can and would have  
indicated asbestosis much sooner.

30 In further support of my appeal, I can tender  
correspondence that indicates that early asbestosis was  
disclosed in 1973. While examining and showing me some of  
my x-ray films, the company doctor pointed out that asbestosis  
was showing up in 1968 or 1970, which was eighteen or twenty





MR. OLAND: (cont'd.) years of exposure.

Subsequent impressions continued to show asbestosis.

Also, I suggest attempts were made to misrepresent facts.

5 During interviews following the tests and examinations at  
50 Grosvenor Street, I was told several times I had very little  
chance of disability. As late as August 23, 1979, Doctor  
Vingalis, after having checked the results of the tests that  
morning, again told me I was in no danger, that I had insufficient  
congestion about which to be unduly apprehensive. He was  
10 convincing and I was pleased with what he said. I thanked him  
for putting my mind at ease and said it was the best news I had  
heard in years.

I suggest Doctor Vingalis erred at the time. I  
suggest also the possibility of other errors in assessing  
15 results of examinations in previous years.

In 1979, a request was made to have current  
examination results formulated by the Ministry of Health,  
forwarded to my family doctor, Doctor McIlveen in Ajax,  
specifically for the information I saw listed on a particular  
green card, a file card that was used with a mobile x-ray  
20 unit that went around the plant periodically...usually in May  
of each year.

The request was made because I became alarmed  
at hearing from some of the x-ray technicians working with  
the mobile unit that certain numbers on one's card were  
insignificant as long as they weren't higher than a one or a  
25 two, but that a four or a five indicated a bad case of  
asbestosis or other disease. The copy of a record card sent  
to Doctor McIlveen was not a reproduction of my card, not the  
one I saw. It was a copy of a makeup card, submitted, I would  
say, to create delusion.

30 I might add at this time I have a copy of the  
card that he received.



MR. OLAND: (cont'd.) On it there were no records in the x-ray column for 1973, 1974 or 1975, but the card I carried into the x-ray unit contained the numeral three for 1973, and four for 1974.

A short time after, my 1975 claim was rejected. One of the company doctors called in a number of men for interviews pertaining to chest conditions. He asked me if I had put in a claim and when I said it had been turned down, he told me I should resubmit or appeal.

Correspondence to my union representative played down the suggestion by Doctor Kamsie that exposure to asbestosis may well have contributed to bronchitis and lung damage, and reference to consideration for some pension wasn't even listed in that letter.

The union was informed that my problem was that I had a heart attack, now ten years ago, and that I had rheumatoid arthritis. I suggest possibly it may not have been intentional to inform Doctor Gabriel, who is now my family doctor, by letter that my pulmonary function was normal in December in 1979, but I would ask how it could be called normal since I was already being compensated for asbestosis?

I would further ask how that report could be submitted when no such test was made since the preceding August?

The appeals information pamphlet reference, in the appeals information pamphlet, reference is made for the submission of additional evidence. I suggest this is not necessary. I suggest the information already compiled be accurately reviewed and that statements I have made and have represented be appreciated in full.

Obviously, much of the evidence I have expounded herein has been available were it proffered or requested, but apparently it was not dispensed to the people concerned in making evaluations, more particularly, in my own best interests.



MR. OLAND: Again, I would request proof I was noncompensable before 1979.

Before the appeal date came around, the union president asked for a postponement, and since then I have compiled some more information to add, so I shall continue on with the preparation for my appeal hearing.

I phoned Doctor Vingalis on April 11, 1980, requesting all my x-ray film, together with a xerox copy of the aforementioned file card...this I have here...the particular card from which the information had previously been withheld... to be made available to my family doctor. Doctor Vingalis promised me that these would be sent, but upon arrival several films were missing, such as numbers...I have three different numbers of the films here. Also missing was a particular card or the information contained thereon, although his letter of April 14th to the doctor stated that everything had been sent.

The same Doctor Vingalis wrote to Doctor Gabriel and told him, "there is no significant change since 1977". Such a statement hardly agrees with the decision to suggest partial permanent disability in August, 1979.

He also quoted changes in the letter of April 14th. Neither does his letter of April 28th agree with the report of Doctor Salmon, who is a specialist, after he compared some of my x-rays of April 17th against x-rays taken before.

Another false impression recorded and undoubtedly made available to the Board, is the report shown to me on August 25, 1980, by Doctor Vingalis, concerning the findings of a certain test performed on me or by me at the Johns-Manville plant in July, 1980. No such test was made as I was incapable of blowing into the machine even once.

After being examined and x-rayed at 50 Grosvenor Street on August 25, 1980, I was conducted into





MR. OLAND: (cont'd.) Doctor Vingalis' office. I asked him why he lied to me the year before, why he went to great lengths to convince me I had no fear of ever becoming compensable for asbestosis, and then at a later date suggest the compensation for me. At first he was adamant and would not give me an answer, but later he said, well, I thought you wouldn't mind if I suggested the ten percent disability pension.

I then asked him why he hadn't sent all the x-rays to Doctor Gabriel. He said he didn't have them.

I told him he neglected to forward the x-ray card as promised. He said he didn't have it, that it was gone.

I asked what happened to it. He said it was destroyed.

I then asked as to the information contained thereon, and he said it was filed away somewhere in the computer. I asked to see it, but he was disinclined to get it for me.

After some discussion, he sent out for it and I was shown a card somewhat the same type I had asked for several times before. On it was listed in the x-ray column numbers under that heading of x-ray. There was a slight difference to what I had seen on the original card in 1975, but there was little similarity to the card that he had made up and sent out to Doctor McIlveen in 1975. I asked him why he had sent my doctor such misleading information, but he didn't answer.

A letter to me from the Registrar of Appeals, dated September 17, 1980, is, I expect, a copy of a report submitted to the Board by Doctor Vingalis, and such report would be considered when reviewing my claim...that no change, quote, "is indicated was for condition of silicosis".

Why should there be? I didn't have silicosis.

I refer back again to 1975, on April 22nd.





5 MR. OLAND: (cont'd.) Doctor Vingalis told Doctor McIlveen that there was no change since 1973. The health progress notes out of J-M files show that there were increased markings on certain films in 1974, Ajax Hospital reports and so forth, up until 1977.

10 It is obvious that any and all changes, regardless of severity or accumulation, over any period or periods of time, have been reported or not reported, as the case may be, so as to suppress a careful word picture describing the actual chest condition which would otherwise alert those endeavouring to make an assessment.

15 Likewise, a number of misrepresented findings, misleading statements, could only prove definitely detrimental to the claimant in the making of an all encompassing and accurate prognosis.

20 In furtherance to preparing for my claim appeal, legal counsel of the union asked for a summary of information. He was supplied with this summary and sent a copy to me. I studied it and I came up with many references which were untrue, many of them misleading. Most of all, I came up with something that was, as far as I could see, intended to hide the real reason for the appeal. Everything...practically every paragraph they wrote in arthritis, heart attack, more arthritis.

Half the time they wrote about arthritis, it was false.

25 In 1975, they wrote that I was permanently disabled. In 1975, I worked the full year.

They also said I stopped working in 1967. The only time I didn't work in 1967 was the three months we were on strike.

30 Further on this summary claims that my activities were curtailed by arthritis. Well, the only...it couldn't have curtailed me very much because I was able to play softball



MR. OLAND: (cont'd.) and some badminton, but not for a very long time because I got out of breath and I had to stop.

Again, they report for the years 1977 findings that didn't occur until 1980. Well, I could go on, but I think you've got the gist of the narrative. I think I'll quit while I'm ahead. Thank you.

DR. DUPRE: Thank you, Mr. Oland.

Dr. Mustard?

DR. MUSTARD: I wonder if you would be good enough to give us a copy of your story that you have given us tonight?

MR. OLAND: Certainly. It's the only one I have...

DR. MUSTARD: It would be most helpful if we could have a chance to look at it. Thank you.

DR. DUPRE: Mr. Cauchi?

MR. CAUCHI: Mr. Chairman, Mrs. Carson was a little late and she would like to say a few words, if you don't mind.

DR. DUPRE: If you please. Mrs. Harrison, is it?

MRS. PARISH: No, my name is not Mrs. Harrison. I am Mrs. Louise Parish and...

DR. DUPRE: Mrs. Louise Parish.

MRS. PARISH: ...I speak on behalf of Al Carson. I have known him for twenty-five years, I have looked after his home for thirty years, and in reference to what Mr. Oland had to say, we live very close to the plant and we do get a fair amount of asbestos dust. Not only that, it hangs in the trees at times. It floats in big bats of fibreglass over the road...not daily, but off and on you see a big yellow chunk lying in the grass here and there.



MRS. PARISH: (cont'd.) At one time when the plant was supposed to be clean, the windows were painted black. I think that's a very nice way of housecleaning.

Al Carson has worked with Manville for thirty-one years. He was a very close friend probably of many of the men that were mentioned here tonight, especially of Fred White. At one time he said to me, he said, there goes my best buddy. But why don't I have anything?

Well, that was to come. By now it is, I think, twenty percent asbestosis. But exactly a year ago, he went to see his doctor, Doctor Korson, like he did every month. And every month the doctor said to him, you are fine, boy...a little blood pressure pill, but you're fine. Go for an x-ray to...here, Grosvenor Street, and there's a little shadow on your lung, but nothing to be concerned about.

It's about a year ago he turned a bit yellowish. His friends said to him, my, you look a bit yellow, what happened to you? Well, he went to see the doctor just before Valentine's Day, and exactly a year to the day he was operated on and around the pancreas the surgeon found an enormous amount of cancer.

I promptly asked Doctor Doyle or Boyle, the surgeon, I said, is that asbestos-related? He promptly knew it wasn't.

I read a fair amount about asbestosis, how it travels through the body...any cancer travels..and his treating doctor, Doctor Tepperman, fills out that it is cancer of the pancreas.

In the meantime, Al Carson is getting chemotherapy. He says to me, well, they just prolong the agony. He tries to act as well as possible, but underneath it all I do think that Doctor Korson at the time might have noticed something strange, because you don't run to a doctor once a month and





MRS. PARISH: (cont'd.) then suddenly discover that you are full of cancer somewhere.

5 Doctor Boyle mentioned to me that I would have him five months to two years. Today it's a year. He still acts well. He feels bitter about it all. He doesn't like to hear about the subject. I guess that's why I'm here.

10 I feel, as Mrs. White mentioned, the Health Department, I think it might be nice if the medical doctors would open their mouths and admit that it was only a small chance that many of these cancers are caused by the asbestos, by the fibreglass. At one time it was Allan's task to tidy up some asbestos dust, and he would stand back...he's a quiet man...he would stand back and there would be...oh, then he might get another job in the meantime..this was a form of tidying up after his regular duties. There were four masks and these four people would get the masks and the fifth...oh, you might as well help them because there is no other work. He would go and help them without a mask.

15 I guess that's all I have to say. I can't grumble. The man is still hanging in there, but it is an awful situation.

20 Thank you.

DR. DUPRE: Thank you, Mrs. Parish.

25 Mrs. Parish, you mentioned fibreglass as well as asbestos. Was Mr. Harrison (sic) exposed to fibreglass dust?

MRS. PARISH: I think it's all around the plant. I think that whole plant is infested.

30 He is really a pipe shipper. I also happened to pick up the 1973 dinner menu of the anniversary...Mr. Cauchi said you might be interested in it, giving the names of the different people that are mentioned in there and where the plant thanks them for..."First, our thanks are due to men and women



5 MRS. PARISH: (cont'd.) of Canadian Johns-Manville. Our anniversary not only measures time, it measures progress. It is in the plant that production plans and product development bear fruit. For their pride in workmanship, for the faithfulness and loyalty they have devoted, the entire Canadian Johns-Manville organization salutes them".

10 Whenever I have been at those dinners...you may like to have this...whenever I have been at those dinners, they thank the people. I think they are...

I made a few marks in it. I hope you don't mind.

DR. DUPRE: Thank you, ma'am.

Mr. Cauchi?

15 MR. CAUCHI: Mr. Nick Carrigan, an office worker for the Johns-Manville, wants to say a few words.

DR. DUPRE: Mr. Nick Carrigan?

MR. CARRIGAN: Yes.

DR. DUPRE: Mr. Carrigan.

20 MR. CARRIGAN: Yes. Mr. Chairman, members of the Commission, ladies and gentlemen.

25 I am an ex-employee of Johns-Manville. I worked for Johns-Manville for in excess of twenty-five years. I started with Johns-Manville in April, 1955, and I might say I have had the pleasure of working with every one of these ladies' deceased husbands, that's here this evening. I worked with them very, very closely and very, very closely associated with them and were very, very good friends of mine.

30 I have watched these men over the past twenty-five years. I went to visit them in hospitals, I seen them die... which wasn't a very pleasant experience...I seen them die agonizing deaths, I've went to see them when practically I would walk by the bed when they were just mere skeletons in the bed.



MR. CARRIGAN: (cont'd.) It was just horrible. I couldn't believe my eyes.

I have watched this now since 1955. I can recall the first case was, it was Nellie...Jimmy Aldridge. Then we had Jerry Middleton and so on and so on it went. We had Jimmy Litner - which was diagnosed at seventy-five percent; we had Clay Stevens; we had George Hackney; we had Denny Smith; Freddy White and all these men, I could go on and go on...sixty-two in all.

Now one has to realize what the conditions were like on Johns-Manville. I must add, they did get better as the years went on, but still the levels of asbestos weren't acceptable. The company made efforts, they improved the dust system, but in the earlier years the harm was done and it was irreversible.

To think that we went in, we had a very, very poor...in the fifties we had a very, very poor dust system. We had a wheelabrator system. It was worked on...a type like a vacuum cleaner, and I think maybe, the way my wind is today I don't think the dust system was sucking any better than what I am now.

But apart from that, we went in...Mr. Day, Gord, as I called him, Harold, Freddy White...we were all in there, we used to go in on the weekends and we in what we called the blowdown, when the company decided they wanted to clean up the place. We never had dust masks. They came later when the pressure was put on.

DR. DUPRE: When about did the dust masks come, in your experience?

MR. CARRIGAN: I beg your pardon?

DR. DUPRE: When about did the dust masks come? About what year?

MR. CARRIGAN: They were always there, but not compulsory.



DR. DUPRE: Okay.

MR. CARRIGAN: But very, very few of them.

5 The problem that...just a minute...the problem I seen as I went on in years at Johns-Manville was the supervisors. They didn't know how to get access to various accounts to purchase various equipment, so therefore it was never there, it was never available. There was some, but there was never enough.

10 In the old days, we had a wheelabrator system where it worked on a timer. At certain times the dust system was shut down, at break periods in particular, and we had what we call...we put a vibrator...we pressed a button, a vibrator went on the bins to shake the bags. You wouldn't believe...you couldn't see yourself. You couldn't see the next guy sitting beside you. And while this was going on, we sat down and we ate our lunch in it.

15 Now we also willowed blue asbestos fibre, mined in South Africa, which is supposed to be the most deadly of them all. We willowed that raw fibre into what we called a spare bin, and then we handled it. We pulled it out of there without masks, without protective clothing, we pulled that blue asbestos fibre out into buckets and dumped it into the back of the machine.

20 We had leaks, unbelievable asbestos leaks, all over the place, never fixed. That only came in later years when the pressure was put on a little.

25 Apart from that, in my case I am about, I would say out of seven that I worked on shift with very, very closely, I am the only one left. The rest are all dead. I am lucky. By the grace of God, I am lucky so far.

30 I have been diagnosed as having asbestos dust effects. I have also been told that I have thickening of the pleura or pleural plaques.

Down in Grosvenor Street I was in the office with





5 MR. CARRIGAN: (cont'd.) Doctor Roose, who looked after me before becoming a member of the Department of Occupational Health. He worked for Sunnybrook Hospital. I was under his care in Sunnybrook Hospital. He told me I had asbestosis, but don't quote him outside the room or he would deny it.

10 The problem the asbestos worker is faced with today, the doctors, the medical profession, the doctors don't want to get involved. When you mention asbestos to them...oh, don't get me involved...there is no way I am going to be your knight in shining armour...I am not going to come to your aid.

15 Noteverybody...all the medical profession have told all these men, deceased husbands, previously...and I have spoke to them personally myself and I have watched them progress through the years through all their illnesses, and they say there's nothing wrong with you, there's nothing wrong with you. And all of a sudden inside a month, bingo! They are gone. There is nothing wrong with them, and they are all dead. That basically seems to be the problem.

20 The Department of Occupational Health, the Workmen's Compensation Board...I feel, and I would recommend to this Commission, that any man who has had an exposure of fifteen to twenty years be given an automatic pension and be pensioned out of the environment, an asbestos environment of Johns-Manville.

25 UNIDENTIFIED SPEAKER: Hear, hear!

MR. CARRIGAN: And I feel that Johns-Manville, for all the deaths that have occurred over the last thirty some odd years, is criminally responsible and they have been negligent. They have suppressed information, they have suppressed medical files, and they have lied.

30 Mr. Chairman, thank you for your indulgence. That's all I have to say.



DR. DUPRE: Thank you very much, indeed, Mr. Carrigan.

Mr. Cauchi, are there any more presenters with you?

MR. CAUCHI: That's all for tonight.

DR. DUPRE: Thank you very much indeed.

MR. CAUCHI: I would like to make a couple of comments. As the ladies were speaking their minds in here, we didn't rehearse this at all...I will answer any questions. If you have any questions, there is no problem.

I would also like to make available to the Commission a couple of books, if you don't have them. One is the Occupational Exposure to Asbestos. This is come from the United States Department of Health and Education, 1972. The other one is Expendable Americans, written in 1974 by Mr. Paul Brodeur. These are where I get all the information with regard to the doctors and the documents, and I would like to make them available to the Commission.

I would like to also say that as you hear, Mr. Chairman and members of the Commission, these widows are the reason why we want some action right now. Because like my fellow exworker said, we are sick and tired of going to funerals and we might have to go to one before this week is over, unfortunately. I just got bad news.

What we would like to ask is how can one be on a partial disability pension and then drop dead? We have someone in here with a half lung operation, and still not a hundred percent compensation.

I would like you to bear in mind, Mr. Chairman, that if a disabled person is on a fifty percent disability pension his pension is terminated the minute he dies, and his widow and his family don't get a cent.

I would also like to make a correction from one



MR. CAUCHI: (cont'd.) of the previous speakers that blue asbestos was only used at Johns-Manville. In 1972, when Corning Glass closed their place at Tyler, Texas, they shipped ten thousand bags of amosite asbestos to the Holmes Industrial Limited at Point Edward, Ontario, and there is compensation cases at that plant, but there is no death certificates.

Now I would like to ask you, Mr. Chairman, and the Commission, from what we hear today to compel the WCB to produce all files dealing with us asbestos workers and to have an immediate review as soon as possible. I was hoping that Mr. Wyler was going to have his report ready before us, before this Commission, but now I understand that Mr. Wyler was taken off the job to deal with the hospital workers dispute and that's going to prolong our chance of getting somewhere before the year is over...before everybody is dead!

I also would like to present to the Commission a copy I have about the double standards, because this is where we came in. When the going was hot in the States, they came to Canada. When the going gets hot in Canada, they go to Mexico, India, Taiwan. This is the double standard of the corporations, and I notice in one of the briefs, Mr. Chairman, that you are going to have tomorrow read to you...they must have been at the first introduction hearing when I suggested to you that the terms of reference be extended...because in one of their briefs their preamble states that you should, and this Commission should stay within the limits as per created by the Minister of Labour and the legislature.

Do you remember at the time, Mr. Chairman, I gave you a copy of what the extension was? I still got a copy of that if you require another one.

Finally, since we have some of our people sick or have no means of transportation, we would like to be filled in





MR. CAUCHI: (cont'd.) at another evening if you have an opening during these hearings within the next week or so.

Thank you very much, sir.

DR. DUPRE: Thank you.

With respect to your last request, Mr. Cauchi, unless I am mistaken I believe that our evening schedule is just about packed up. Is that right?

However, this certainly is not going to preclude the possibility of your coming in at a phase one hearing after this week is over, quite possibly in...whenever we next have one in Toronto.

May I take it that my colleagues have no further questions?

Mrs. Dodds?

MRS. DODDS: Mr. Chairman, ladies and gentlemen, Odette Dodds, the late John Dodds' widow.

December 21, 1980, I left Canada for England to spend the holiday season with my late husband's family. John's mother had just reached the ripe old age of ninety, and is broken hearted over his death. We still all are.

It is good to be back home and I don't think it's too late to wish everyone the very best for 1981. Now that I am back in Canada we are all going to need it.

August 7, 1953, I immigrated to Canada. Not only was I excited about my new country, but also a new life, a new language to learn, and believe me, it was not easy. I do have trouble with my language. I like to write things the way I feel and the way they happen, the truth.

So please, just let me hurt your feelings, but do not forget about it.

It was the good old days when my husband used



5 MRS. DODDS: (cont'd.) to say to me, "I don't need the very best, because I have the very best", referring to me, "two good kids I love very much, a boy and a girl, the wish of a king, a home, our home, a little icing on our cake, a few pennies for the rainy days and early retirement, a brighter, promising future". But I never thought my husband's daily work, our bread and butter, the icing on our cake, would turn twenty-five years later into an early grave.

10 Hard to believe? No. That's the way it happened.

Johns-Manville Company never mentioned health hazard to the workers and families. Through Johns-Manville negligence many asbestos workers have lost their health and life. My husband was one of them.

15 Why? If the company had revealed the danger no doubt about it, the men would have lived and worked in fear and panic. It would have affected the worker physically and mentally. By leaving the employees in the dark about the danger, asbestos, the magic mineral with dust that kills, the biggest industrial killer in history, they were able to abuse the employees, taking away the best years of their lives for their own purpose and fattening their own pockets.

20 Live, work, fear, panic, affected physically, affected mentally, asbestos, the magic mineral with dust that kills, the biggest industrial killer in history, taking away the best years of their lives, the company for their own purpose and fattening their own pockets, and that is why at this time of age we are having a disaster...dying for a living.

25 Once again the Johns-Manville flag is half mast. December, 1980, just before Christmas, we have lost another Johns-Manville asbestos worker...number sixty-five. I wonder. Only God knows. Rest in peace. We won't forget you.

30 My life became part of one long funeral march.



5 MRS. DODDS: (cont'd.) Everytime I hear about a fellow worker's death, I am dying too..asking to myself, who is next and reliving all over again my own tragedy. It is a nightmare without ending, and when I think about it, all this could have been prevented.

10 Many people may find that I come on too strong. One of those days you are going to love me for it. I have been hurt so much it does not hurt anymore. The worst part of it is, people do make you change. You don't trust anyone anymore.

So please, whoever you are, listen to me for our own good and the welfare of our country.

15 The day my husband passed away, July 27, 1978, I started to make the late John Dodds' file. I knew in my heart somehow the Workmen's Compensation Board would classify my husband's death as not compensable. My fears were proven to be correct. When I received a letter from the Board, it read: "Dear Mrs. Dodds: I regret to inform you..."

20 The fight was about to begin. Unfortunately, my fight has cost a great deal of time and money. However, like the mythological phoenix, I have risen from my ashes and make myself a much stronger person indeed...a fighter.

25 On many occasions people have advised me to give it all up. I could not, because I knew the system was wrong and I had to do something about it not just for my sake, but the sake of John's fellow workers and above all, for the memory of my dear husband. I promised him I would carry on and carry on. I have.

30 I have spent countless hours wading through reports on asbestos and the harmful effects this has on a person. When I started, I knew very little. However, now I know an ocean of facts. Facts which prove to me something had to be done. Something has been done!



MRS. DODDS: (cont'd.) The past twenty-six months have been hell. I received from the Canada Pension Plan the princely sum of one hundred and thirty-five dollars per month.  
5 How can a person live on such a meager pittance? Can anyone here tell me? How do you eat, pay your mortgage, hydro and other incidentals out of that? You just can't.

Fortunately, I had our savings, a nest egg put aside for our old age. Unfortunately, the nest egg was not used for our pleasure. It was used to help ease my pain.

10 We were not too rich. However, we were frugal. We managed to save. I thank God I had this money because any proud person cannot live on charity and charity would have been the only answer if it had not been for our endeavours in the past.

15 Thank you, dear, I could not have done it without your help. I have also enjoyed the legal support of the union in my epic fight.

Please note: I have never received a single dime from the union other than the money which they have expended on my case. I am sure there has been rumblings from many  
20 quarters, and there may even be bitterness at the depletion of the union's funds. However, if the fight produces the justice which we hope and pray for at the outset, then it will be money well spent.

25 Money cannot replace health. However, it certainly helps ease the pain. It provides a sick worker with a hope, the little comforts he needs, and if, as in over sixty cases in the past, a fatality occurs, the widow of the deceased will be able to carry on without the struggle I have had.

30 I hope and pray we will be able to eradicate the menace of asbestos, and I hope my fight with, of course, the help of the unions, has helped bring justice to the victims of a hideous industrial disease.





MRS. DODDS: (cont'd.) On October 31st, 1980, the first public meeting in Toronto: As former union president Charlie Neilson said, "there is a total war on between the workers, the company, the Compensation Board and the government".

For many years, Charlie Neilson has been devoting most of his time, giving the best years of his life, to bring security and justice for the workers, families and us widows... to my knowledge and sorrow, with very little support from the working people.

Deep in my heart, Charlie Neilson will always be a union president.

Mr. Neilson, may the good you have done for others be returned to you.

It does not matter what you do or what you say, you will always find people for you and against you. Listen to the gossip, but don't believe them. Your happiness sometimes makes the unhappiness, the envy of someone else.

As you grow older, you become wiser. The worst part of it is, you grow old too fast and wise too late.

Let's face the facts of life. It takes all kinds of people to make this world go around. No one is perfect...no one, that is, except me.

I can tell by the look on your faces you agree with me. Good. One mark on the board, nine more to go. God help me. If He does not help me, nobody will.

As one guy told me a little while ago, if I go down Whitby, I may go in, but they never let me get out. I really have problems now.

Rest in peace, sweetheart. I shall live on with pride and respect and keep up the good work which was your desire. I shall stick to my guns until the end. We shall stick to our guns until the end, and when my time has come I wish to be buried upside down so the world may kiss my ass. I don't deserve it.



MRS. DODDS: (cont'd.) John, I will never forget you. Amen.

5 You know, before my husband died he said to me, "I would give anything in the world to see you talk to an audience....but remember this, my spirit shall be with me. Take me along with me. Show to the people what Johns-Manville Company done to me and my fellow workers".

So here it is. This is John Dodds.

10 If I may, my family and I would like to take the opportunity to thank all the people who have supported me and supported us before and after our ongoing tragedy.

Sincerely, thank you.

15 And now, let's all stand up and have a few minutes of silence and respect in memory of the late John Dodds and for all the Johns-Manville workers, all the workers everywhere and families who lost their lives with industrial disease.

From all my heart I thank you, and God bless. We all need it. Amen.

Now, and also, let's keep our wonderful country of ours, Canada, together.

20 Quelques minutes de silence et de respect en la memoire de John Dodds, aussi pour tout les ouvriers de Johns-Manville, pour tout les ouvriers de tout part et les familles qui ont perdu leur vie a cause des maladie industrielle.

25 De tout coeur, merci et que Dieu nous benisse nous en avons grand besoin. Amen.

Mr. Chairman, ladies and gentlemen, thank you for having me. You have no idea how much this meant to me, and if you let me I would love to come back.

God bless. I am like God, I love you all.

30 DR. DUPRE: Mrs. Dodds, as I mentioned last time, you are always welcome.



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MRS. DODDS: Thank you very much.

DR. DUPRE: May I now adjourn this Commission, to  
resume hearings tomorrow morning at ten a.m.

Thank you.

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THE INQUIRY ADJOURNED

THE FOREGOING WAS PREPARED  
FROM THE TAPED RECORDINGS  
OF THE INQUIRY PROCEEDINGS

Edwina Macht  
EDWINA MACHT







